



Co-operative of SCDF Employees Limited (COSEM)
37 Gul Avenue, Singapore 629677
Tel: +65 6898 4171 Fax: +65 6898 2428
Email: membership@cosem.org.sg

AUTHORISATION FOR DIRECT CREDIT THROUGH INTER-BANK GIRO SYSTEM

This form must be completed by the Member of COSEM. Dividend payout would be credited directly into the designated bank account stated below. Completed form must be returned by post to COSEM.

Mandatory fields are indicated with an Asterisk ()*

A. Particulars of Member

*Name: _____ *NRIC No: _____
(As per NRIC)

*Address: _____

_____ *Postal Code _____ *Date of Birth (DD-MM-YYYY): _____

Tel No: (Home) _____ (Office) _____ * (Mobile) _____

Email: _____

B. Particulars of Bank Account

*Name of Bank & Branch: _____

*Bank Code:

--	--	--	--

 *Branch Code:

--	--	--

*Bank Account No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Name of Account: _____

C. *Authorisation

I hereby authorise COSEM to credit payment due to me to the above account. Amount so credited would constitute valid discharge of obligations due to me.

This authorisation shall continue to be in force until I have expressly revoked it by notice in writing delivered to you.

In the event of a change of bank account, I shall inform you in writing 30 days in advance before the change.

I hereby declare that all information provided are true and correct and I authorise COSEM to disclose the information to its employees and service providers for official purposes.

Date

Signature

D. * < This section must be completed by your bank before returning it to COSEM >

We hereby verify that the signature affixed in Part D above is consistent with our records and that the particulars of the bank account are correct.

Name of Bank & Official Stamp

Authorised Signature & Date