

AIA SINGAPORE APPLICATION FORM FOR INTERBANK GIRO

PART 1: TO BE COMPLETED BY BANK ACCOUNT HOLDER

Important Notes: please read before completing the form.

- 1. For Life and A&H policies, multiple policy numbers may be indicated.
- Please use separate forms for Personal Lines and Corporate Solution policies:

For Personal Lines policy: mail the form to Personal Lines Dept at 371 Alexandra Road, #04-08, Singapore 159963;

For Corporate Solutions policy: mail the form to Corporate Solutions Dept at 3 Tampines Grande, #07-00, AIA Tampines Singapore 528799

The approval process for GIRO application using this application form is approximately 2 months. Alternatively, for POSB/DBS Account Holders, you may apply for GIRO at any AXS Kiosks and you'll be notified within 7 days if the GIRO application is successful. Until your GIRO application is approved, kindly remit premium payments directly to AIA Singapore Private Limited.

Date	ə:		dd/			_mm/			уууу	,	Bill	ing O	rganisa	ition:		AIA	Singa	pore F	Private	Limit	ed	
To: Name of Bank								Bra	Branch:													
a. I/We hereby instruct you to process AIA Singapore Private Limited's irb. You are entitled to reject AIA Singapore Private Limited's debit instruct															ient fu	nds ar	nd char	ae me/u	s a fee			
for this. You may also at your discretion allow the debit even if this res								esults	in år	overd	raft on	the ac	count	and in	npose (charge	es acco	rdingly.				
 This authorisation will remain in force until terminated by your written n written revocation through AIA Singapore Private Limited. 							n noti	ice se	nt to m	iy/our	addres	s iast	known	to you	ı or up	on rece	eipt of m	y/our				
Bank Account Holder's Name(s):							Ва	Bank Account Number:														
Signature(s)* / Thumbprint(s)# / Company Stamp:								Co	Contact No. (Tel/Hp):													
						Al	AIA FSC / Insurance Representative Name & Agency / Distributor Name:															
* As in Bank's record																						
# For thumbprints, go to any branch of your bank with your identification							ı															
Policy Number(s) :																						
 For Healthshield and/or Essential Rider, indicate only the basic policy For loan repayment policy number prefix must be "R" 							cy nu	mber	starting	g with	prefix '	H".										
•	Please	ensi	ure that p	oolicy	number	s are c	correct	and w	ritten cl	early.												
1)												5)										
2)												6)										
3)												7)										
4)												8)										
																_			_			
PART 2 : TO BE COMPLETED BY AIA SINGAPORE PRIVATE LIMITED																						
	Bank		Branch		AIA Singapore Private Limited's Bank A/C No.).												
7	1 7	1	0 0	6	0 0	6) 1	2	6 4	9 9												
	Bank		Branch		AIA Singapore Private Limited's Bank A/C No.																	
7	2 3	2	1 4	1	0 1	0 8	3 7	6	0 0	1												
PAF	PART 3: TO BE COMPLETED BY BANK																					

PART 3: TO BE COMPLETED BY BANK		
To : AIA Singapore Private Limited		
This application is hereby REJECTED (please tick (()) for the following reason(s):	
☐ Signature / Thumbprint# differs from bank's records	☐ Wrong account number	
☐ Signature / Thumbprint# is incomplete / unclear#	 Amendments not countersigned by customer 	
Account operated by signature / thumbprint#	Others:	
Name of Approving Officer #Delete where applicable	Authorised Signature	Date

