

PAY BY GIRO

Research institutions and tissue banks are welcome to pay your fees by GIRO. Sign up for GIRO to enjoy these benefits:

- (a) You avoid the cost and inconvenience associated with payment by cheque.
- (b) It is secured. An authorisation by the bank account owner is required before any bank account can be used for payment.

Once you are on GIRO, you can choose to make payment for your future submissions through GIRO.

The deduction will be made on the 7th of the month. You have to ensure that there are sufficient funds in your bank account before the deduction date. No reminders will be sent to you for unsuccessful deductions. Some banks may impose a service charge for unsuccessful deductions.

Both the Ministry of Health and you have the right to terminate the GIRO arrangement anytime.

To join GIRO, please complete the GIRO application form and send it back to **Biomedical Research Regulation Branch, Ministry of Health, College of Medicine Building, 16 College Road, Singapore 169854.**

If you have an existing GIRO arrangement with MOH and wish to change your bank account, you will need to complete a new GIRO application form.

The information is intended for better general understanding and is not intended to comprehensively address all possible issues that may arise. While every effort has been made to ensure that the information is consistent with existing policies and practice, should there be any changes, MOH reserves the right to vary our position accordingly.

APPLICATION FORM FOR INTERBANK GIRO

This form may take you about 3 - 5 minutes to complete. **Amendments made on the form must be countersigned by the bank account holder. Use of correction fluid / tape is not allowed.**



Complete and return this form by mailing it to **Biomedical Research Regulation Branch, Ministry of Health, College of Medicine Building, 16 College Road, Singapore 169854.**
Please do not fax the GIRO form to us as the bank requires original signature for verification.

PART 1: FOR APPLICANT'S COMPLETION

Date	Name of Billing Organisation ("BO")
_____	_____ Ministry of Health _____
Name of Bank	Name of Institution
_____	_____
Branch	Institution Reference ID
_____	_____

- 1) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- 2) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- 3) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

Name (as in Bank Account)	Bank Account Number
_____	_____
Contact Number	My/Our Company/ Stamp/ Signature(s)/ Thumbprint(s)* as in Bank's records
_____	_____
Email Address	

* For thumbprint(s), you must approach your respective Bank with your identification documents for verification.

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank No.				Branch No.			Billing Organisation's Account No.									
7	1	7	1	0	0	1	0	0	1	0	5	2	1	0	9	8

Bank No.				Branch No.			Account No. to be Debited									

Billing Organisation's Customer Reference No.									

PART 3: FOR BANK'S COMPLETION

To : Billing Organisation

This Application is hereby **REJECTED** (please tick) for the following reason(s):

<input type="checkbox"/> Signature/Thumbprint # differs from Bank's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint # incomplete/ unclear #	<input type="checkbox"/> Amendments not countersigned by Bank Account Holder
<input type="checkbox"/> Account operated by Signature/Thumbprint #	<input type="checkbox"/> Others: _____

Please delete where applicable

Name of Approving Officer	Authorised Signature	Date
_____	_____	_____