

APPLICATION FOR INTERBANK GIRO



Important Notes:

- Please provide all information to avoid unnecessary delay in the processing of the application.
- Amendments made on this form must be countersigned by Account Holder. The use of correction tape/fluid is not allowed.
- Please provide relationship and reason if Account Holder is different from Policy Owner and submit the Account Holder's identification together with the application.
- The approval process for the GIRO application will take approximately one month by bank.
- For POSB/DBS Account Holders, you can apply for GIRO via iBanking. Go to Pay (Bills and Card) → Add GIRO Arrangement → Select Billing Organisation as *Aviva Ltd_Life 1* (for Life policy, ElderShield, MyCare, MyCare Plus) or *Aviva IND HEALTH INS* (for MyShield, MyHealthPlus)
- Before you receive our notification on GIRO approval, please continue to pay your premium in the usual manner.

By completing this Application Form, I/We am instructing and authorising:

- Aviva to debit my/our bank account to pay for my policy/policies.
- The Bank to reject Aviva's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at Aviva's discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- 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 Aviva.

Personal Data Consent

I/We consent to Aviva (and Aviva related group of companies) collecting, using and/or disclosing my/our personal data for the processing of the above transaction and such other purposes ancillary or related to the administering of the policy(ies), account(s) and/or managing my/our relationship with Aviva.

I/We also consent to Aviva (and Aviva related group of companies) transferring my/our personal data to Aviva related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries whether located in Singapore or elsewhere, for the above purposes.

For full details of the purposes of collection, use and disclosure of your personal data, please visit <http://www.aviva.com.sg/pdpa.html>.

Please complete this form and return original form to Aviva Ltd ("Aviva")

Date (dd/mm/yyyy):		Billing Organisation: Aviva Ltd	
Bank Name (please tick one bank below): <input type="checkbox"/> POSB/DBS <input type="checkbox"/> OCBC <input type="checkbox"/> UOB <input type="checkbox"/> Citibank <input type="checkbox"/> Maybank <input type="checkbox"/> HSBC (Corporate) <input type="checkbox"/> RHB <input type="checkbox"/> Standard Chartered <input type="checkbox"/> HSBC (Personal) <input type="checkbox"/> Others: _____		Signature(s) / Thumbprint(s) ^ (as in Bank's Record):	
Bank Account Number:		<i>^For thumbprint, please go to any branch of your bank with identification for verification.</i>	
Bank Account Holder's Name(s): Mr/ Mdm/ Ms/ Dr		Account Holder's NRIC(s):	Contact Number:
Policy Number(s)*	Policy Owner's NRIC No.	Relationship to Account Holder	Reason if Account Holder is not Policy Owner

*Please write the Policy Number(s) which you wish to apply for GIRO using this bank account number only

For Aviva's Completion

SWIFT BIC DBSSSGSGXXX Please use above SWIFT BIC for following reference no(s). <table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										Aviva's Bank Account No. 0270007597	SWIFT BIC DBSSSGSGXXX Please use above SWIFT BIC for following reference no(s). <table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										Aviva's Bank Account No. 0039001886

For Bank's Completion

To : Aviva Ltd

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

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

please delete where applicable

Name of Approving Officer	Authorised Signature	Date
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