

**APPLICATION FORM FOR INTERBANK GIRO  
(Caltex VC Affinity)**

**PART 1: FOR APPLICANT'S COMPLETION**

Date	Name Of Billing Organization (BO) <b>CHEVRON SINGAPORE PTE. LTD.</b>
To: Name Of Bank	Name Of Star Card Holder:
Branch Name	NRIC & Vehicle Number:

- a) I/We hereby authorize the BO to initiate and you to process debits to my/our account and further authorize you to confirm acceptance or rejection of my authorizations to BO. .
- b) 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 result in an overdraft or an increase of the overdraft on my/our account and impose charges accordingly.
- c) You are under no obligation to ascertain the name on the record of BO is the same as that provided by me/us whether or not notice of the bill underlying the debit has been given to me/us.
- d) I/We authorize BO to continue to initiate and you to process debits to my/our account notwithstanding any changes from time to time to BO's bankers and/or the account into which my/our payments are to be credited without any reference or notice to me/us and this authorization shall include (without limitation) the following authorizations: (i) to BO to change from time to time any of the details of the account specified in this Application Form or otherwise into which my/our payments are to be credited and to notify you of the details of any such change; (ii) to BO to otherwise replace from time to time the account specified in this Application Form or otherwise into which my/our payments are to be credited and to notify you of the details of any replacement account into which my/our payments are to be credited; and (iii) to you to act on any notification given by BO to you under the circumstances mentioned in (i) and (ii) above, in each case without reference or notice to me/us.
- e) I/We agree that BO shall be entitled to refuse or suspend initiating debits pursuant to my/our authorizations at any time and for such period(s) as may be determined in BO's sole discretion without liability whatsoever to me/us, without any reference or notice to me/us and without assigning any reason therefore.
- f) My/Our authorizations shall remain in force until terminated by your written notice sent to me/our address last known to you or upon receipt of my/our written notice of revocation delivered to you or the BO.
- g) I/We agree that you and BO shall not be liable for any losses arising from or in any connected with you or BO so acting on my/our authorizations.

*My / Our Name(s)	*My / Our Contact Number(s)
*My / Our Account Number	*My / Our Signature(s) / Thumbprint(s) as in Bank's records

**PART 2: FOR BILLING ORGANISATION'S COMPLETION**

Bank	Branch	Billing Organization's Account No.														
7	1	5	3	0	0	1	0	1	1	1	9	3	9	9	2	5
Bank	Branch	Account No. To be Debited														

Billing Organization's Customer Ref No.													

**PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION**

To: Billing Organization

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

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Financial Institution's records | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Signature/Thumbprint* incomplete/unclear*                          | <input type="checkbox"/> Others: _____                            |
| <input type="checkbox"/> Account operated by signature/thumbprint*                          |   |
| <input type="checkbox"/> Wrong account number   |   |

\* Please delete where not applicable

\_\_\_\_\_  
Name Of Approving officer

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date