

45 Maxwell Road #07-11 The URA Centre, East Wing Singapore 069118 REPUBLIC OF SINGAPORE

For Enquires, please Call Telephone : 63251667

| | | APPLICATION FORM | | | |
|-------------------------------------|---|---|---|-------------------|---|
| Date: | | Part 1: To be completed by | | | |
| V | | | Name of Billing organisation: Legal Aid Bureau, Ministry of Law | | |
| To: Name of √ | Bank | Lega √ | Legal Aid Bureau's Customer's Name (IC No.) | | |
| Branch | | | Legal Aid Bureau's File Ref. No. | | |
| ٧ | | <u>√</u> | V | | |
| (b) You are enfunds and conthe acco | titled to reject charge me a fe ount and impo- cisation will re eipt of my writ | e for this. You may also at you se charges accordingly. main in force until terminated tten revocation through the L | u's debit instrucur discretion allo discretion allo diby your writter egal Bureau. | ction i ow the | if my account does not have sufficient e debit even if this results in an overdraft ce sent to my address last known to you |
| My Name(s) As in Bank Account: | | | My Contact(Tel/Fax) No(s) | | |
| MY Bank Account No: | | | My Signature(s)/Thumbprint(s)* | | |
| V | | <u>V</u> | √ (as in bank's records) | | |
| | | | (as in bank s | recor | us, |
| | | Part 2: To be c | ompleted by Le | gal A | id Bureau |
| D 1 | In 1 | I | | | |
| Bank | Branch | Legal Aid Bureau's Account I | NO. | | Customer's Reference No. |
| 7 1 7 1 | 0 0 1 | 0 0 1 0 7 3 5 0 | 6 3 | | |
| | | | | | |
| Bank | Branch | Account No. to Be Debited | | | |
| Barik | Branen | recount No. to be Debited | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Part | 3: To be compl | eted | by Bank |
| To Legal Aid Bu 45 Maxwell Ro | | e URA Centre, East Wing, Sing | gapore 069118 | | |
| This application | n is hereby RE. | JECTED for reasons as ticked I | pelow: | | |
| | Signature/Thumbprint*differs from | | | | Wrong Account No. |
| | Signature/T | humbprint*incompleted/unc | lear* | | Amendments not countersigned by applicant |
| | Account op | erated by signature/thumbpr | int* | | Others(please specify): |
| | | | | | |
| | | | | | |
| Name of Appro | oving Officer | Auth | norised Signatur | | Date |
| * For Thumbpr | ints, please go | to branch with your identific | ation. | | * please delete where applicable |

IMPORTANT NOTE

- 1. Deductions will be made on the 15th of every month. If this day is a Sunday or Public Holiday, the deduction will be made on the next day. Please ensure that there are sufficient funds in your account on the date of deduction.
- 2. You may terminate the authorization by a written revocation through the Legal Aid Bureau. Forms to assist you are available from the Bureau. The completed form must be submitted at least a month before the intended date of termination.