



# مَدْرَسَةُ الْعَرَبِيَّةِ الْإِسْلَامِيَّةِ

## MADRASAH AL-ARABIAH AL-ISLAMIAH

To be a leading institution recognised for developing future-ready learners who radiate blessings to all

3 Lorong 6 Toa Payoh Singapore 319378 | 6744 4749 | admin@mai.edu.sg

### Part 1 : For Applicant's Completion (Fill in the spaces indicated with □)

Date:

□ \_\_\_\_\_

Name of Billing Organisation "BO":

Madrasah Al-Arabiah Al-Islamiah

To: Name of Bank /Financial Institution

□ \_\_\_\_\_

Accounts Holder Name:

□ \_\_\_\_\_

Branch:

□ \_\_\_\_\_

Accounts Holder NRIC Number:

□ \_\_\_\_\_

□ Name of Child	□ Birth Cert / NRIC Number

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.  
(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 results in an overdraft on the account and impose charges accordingly.  
(c) 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.

My/Our Name(s) (Account Holder's Name):

□ \_\_\_\_\_

My/Our Contact (Tel/Fax) Number(s)/E-mail address:

□ \_\_\_\_\_

My/Our Account Number:

□ \_\_\_\_\_

My/Our Company Stamp/Signature(s) Thumbprint(s)\*\*:

□ \_\_\_\_\_

(As in Financial Institution's records)

\*\* For thumbprints, please go to the branch with your identification.

### Part 2: For Billing Organisation's Completion

Bank	Branch	Billing Organisation's Account No.
7 3 3 9	5 9 1	1 0 7 0 3 2 0 0 1

Billing Organisation's Customer's Ref No.

Bank	Branch	Account No. to be Debited

### Part 3: For Financial Institution's Completion

To: Billing Organisation, Address, Tel etc

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

- Signature/Thumbprint\* differs from Financial Institution's records  
□ Signature/Thumbprint\* incomplete/unclear\*  
□ Account operated by signature/thumbprint  
\*Please delete where inapplicable
- Wrong account number  
□ Amendments not countersigned by applicant  
□ Others: \_\_\_\_\_

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature and Stamp of Financial Institution

\_\_\_\_\_  
Date