



## INTER-BANK GIRO FORM FOR EPATENTS ONLINE INTERNET SERVICES

Please mail or courier this form to:

**ePatents Centre – i-Magination Solution Pte Ltd**, 2 Ubi View 4th Floor, Singapore 408556

Tel: (65) 64909568 Fax: (65) 64909595

Email: [epatents@i-maginationsolution.com](mailto:epatents@i-maginationsolution.com) (for enquiries only)

### Section A: To be completed by Applicant

To: Name of Financial Institution

Branch:

Bank Account Name (if different from Applicant's name):

Name of Applicant

Address:



Bank Account Number:

ePatents Account ID:

Tel:

Home

Office

Mobile

- I/We hereby instruct and authorise you to process i-Magination Solution Pte Ltd's ("IMSPL") instruction to debit my/our account.
- You are entitled to reject IMSPL'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.
- 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 IMSPL.

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Company Stamp (if applicable)

\_\_\_\_\_  
Date

### For IMSPL's Use Only

Bank	Branch	IMSPL's Account No.
7 3 7 5	0 0 1	3 9 8 3 6 3 5 3 0 8

Reference No.

Bank	Branch	Account Number to be Debited

### For Financial Institution's Use Only

To: I-MAGINATION SOLUTION PTE LTD

The Interbank GIRO Application is hereby REJECTED (please tick) for the following reasons (✓)

- |   |   |
|---|---|
| <input type="checkbox"/> Signature differs from Financial Institution's records | <input type="checkbox"/> Wrong Account Number                     |
| <input type="checkbox"/> Signature incomplete/unclear                           | <input type="checkbox"/> Amendments not countersigned by Customer |
| <input type="checkbox"/> Account operated by Signature                          | <input type="checkbox"/> Others: _____                            |

\_\_\_\_\_  
Name & Signature of Approving Officer

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Date