

Application for Interbank GIRO
PART 1 - For applicant's completion

Please complete in CAPITAL letters. The completed form should not be submitted direct to your bank. Any additional charge made by your bank for collection of your premiums will be met by the payer.

To: The Bank

Name and branch of my/our bank

Name of billing organization ('BO')
ZURICH LIFE INSURANCE (SINGAPORE) PTE LTD
Policy owner's name
Policy number ¹

Notes:
¹ Only applicable to Singapore policies starting with 00.

Date: DD MM YYYY

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- 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 authorization 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.
- d) I / We declare that I / we have read, understood and agreed with the Personal Data Protection Notice annexed to this form (at Page 2).

My/Our name(s)	My/Our NRIC number(s)
My/Our account number(s)	My/Our company stamp/signature(s)/thumbprints(s) ² (As in financial institutions records)
My/Our contact (telephone/mobile number(s))	

Notes:
² For thumbprints, please go to the branch with your identification.

PART 2 - For billing organization's completion (applicant to leave blank)

Bank	Branch	Billing organization's account number
7 1 7 1	0 0 3	0 0 3 9 1 6 7 9 2 0

Policy number

Bank	Branch	Account number to be debited

PART 3 - For financial institution's completion

To: Zurich Life Insurance (Singapore) Pte. Ltd.

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

Notes:
³ Please delete where not applicable.

- Signature/ Thumbprint³ differs from financial institution's records
- Signature/Thumbprint³ incomplete unclear
- Wrong account number
- Account operated by signature/thumbprint³
- Amendments not countersigned by customer

Others

Name of approving officer

Authorized Signature

Date : DD MM YYYY

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Personal Data Protection Notice

I / We hereby acknowledge, consent and agree that –

- (i) Zurich Life Insurance (Singapore) Pte. Ltd. (the “Company”) may collect, use and disclose all personal data provided or as may be provided by me / us and through other sources as the Company deem relevant from time to time for the purposes as contemplated in this form including but not limited to policy servicing, carrying out my / our instructions, performing the operations and transactions under my / our policy(ies) with the Company including making and obtaining payments;
- (ii) the Company may disclose the personal data to the third parties (whether in or outside Singapore) in carrying out the above purposes;
- (iii) the personal data protection clauses herein (“DPC”) are not exhaustive. By signing this form, I / we declare that I / we have read, understood and agreed to be bound by the prevailing Personal Data Protection Policy available at <http://www.zurich.com.sg/pdpa> (“Data Protection Policy”) as supplement to the DPC. If any inconsistencies between the DPC and the Data Protection Policy, the latter shall prevail;
- (iv) if I / we provide third parties’ personal data (e.g. information of the life assureds, insured persons, beneficiaries, beneficial owners, dependents, spouse, children, parents, siblings, customers, prospects, payors and/or employees) to the Company, I / we represent and warrant to the Company that prior consents have been obtained from each of the third parties for the collection, usage, disclosure and processing of their personal data in the manner as set out above and the Data Protection Policy; and
- (v) I / we shall indemnify the Company for all losses and damages which may be suffered by the Company arising out of the breach of the declarations, representations and/or warranties herein.