

# GIRO APPLICATION FORM FOR S45 WITHHOLDING TAX

For payment and refund of S45 Withholding Tax



INLAND REVENUE  
AUTHORITY  
OF SINGAPORE

This form will take you less than 5 minutes to complete.

1. You need to use a bank account that is held by you wholly or jointly with others.
2. Please countersign against any amendment made on this form. Do not use correction fluid/tape.
3. Mail the completed form to IRAS at 55 Newton Road, Revenue House, Singapore 307987.
4. GIRO arrangement will be set up within 21 days.

## Part 1: PARTICULARS OF APPLICANT (Fields marked with (^) are required)

Name of Company<sup>(^)</sup>

Tax Reference No. (Company's UEN/ASGD)<sup>(^)</sup>

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My/Our Contact Details

Contact No.<sup>(^)</sup>:

Email address:

- (a) I/We hereby instruct the Bank to process IRAS' instruction to debit and credit my/our account.
- (b) The Bank is entitled to reject IRAS' debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its 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 the Bank's written notice sent to my/our address last known to the Bank or upon the Bank's receipt of my/our revocation.

Bank Account Details

Name of Bank<sup>(^)</sup>:

Account No.<sup>(^)</sup>:

Name(s) of Account Holder(s) as in Bank's record<sup>(^)</sup>  
[For Company this is the Account Name as in Bank's Record]

My/Our Signature(s) / Company's Stamp as in Bank's record<sup>(^)</sup>

Please remember to sign in this box.

Date:

## Part 2: FOR IRAS' COMPLETION

SWIFT BIC	Originating Bank Account
D B S S S G S G X X X	001-023871-0

Tax Reference No.

Please **DO NOT** use this account for any Fund Transfer to IRAS.

SWIFT BIC	Account No. to be Debited / Credited

## Part 3: FOR BANK'S COMPLETION

To: IRAS

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

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

\_\_\_\_\_  
Name of Approving Officer  
# Please delete where inapplicable

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verified by IRAS