

GIRO APPLICATION FORM FOR GOODS AND SERVICES TAX

For payment and refund of Goods and Services Tax



INLAND REVENUE
AUTHORITY
OF SINGAPORE

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

1. Please countersign against any amendment made on this form. Do not use correction fluid/tape.
2. Mail the completed form to IRAS at 55 Newton Road, Revenue House, Singapore 307987.
3. GIRO arrangement will be set up within 21 days.

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

Name of Business[^]

Tax Reference No. *(UEN/GSTN/NRIC/FIN)[^]

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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*If you are under **GST Group/Divisional Registration**, please indicate the Group Registration Reference No.

If you are a **Sole-Proprietor**, please indicate your NRIC/FIN No.

My/Our Contact Details

Contact No.[^]:

Email address:

Please select one of the GST registration options[^]

Applying for GST registration

Already GST-registered

Applying for GST registration

Already GST-registered

- (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[^]:

Account No.[^]:

My Name/ Our Company Account name as in Bank's record[^]:

My/Our Signature(s) / Company's Stamp as in Bank's record[^]

Please remember to sign in this box.

Date:

Part 2: FOR IRAS' COMPLETION

| | |
|-------------|--------------------------|
| SWIFT BIC | Originating Bank Account |
| DBSSSGSGXXX | 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) :

- () Signature/Thumbprint # differs from Bank's records () Wrong account number
 () Signature/Thumbprint # incomplete/unclear # () Amendments not countersigned by customer
 () Account operated by signature/thumbprint # () Others: _____

Name of Approving Officer
Please delete where inapplicable

Authorised Signature

Date

Verified by IRAS