

REQUEST TO TERMINATE GIRO ACCOUNT

Utilities Account No

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Utilities Account Holder Name: _____

Address of Account: _____
_____ ()

Bank Account No: _____

Name of Bank & Branch: _____

Bank Account Holder Name: _____
(If only different from utilities account holder name)

Date to cancel GIRO Account: _____ (day) _____ (month) _____ (year)
(Please give us at least 5 business days to process the GIRO Termination)

Reasons for cancelling GIRO: _____

Bank Account Holder's Signature/Date
Co Stamp (if applicable)
For accounts registered under companies, the signature of its legal/authorized representative of the company and the company's rubber stamp imprint are required.

Name: _____

Daytime Contact No. _____

Note: Please send the completed GIRO Termination Form to us via our online webform (as a pdf).

For Internal Use Documents received by: Staff's Name and Signature / Date
