DIRECT DEBIT AUTHORISATION (DDA) - HALAL CERTIFICATION FEES

PART 1: For Applicant's Completion		I/We hereby authorize you to confirm acceptance/r	ejection of
To: The Manager (Name, Branch & Address of My/Our Bank)		my DDA to the Majlis Ugama Islam Singapura (N further authorize MUIS to initiate and you to pro	AUIS) and Mailia Haama Islam Singanuna
		to my/our account even though this may result in an	overdraft
		or an increase of the overdraft on my/our accoun	
		entitled to dishonour such payments and may discretion levy a fee should my/our account not c	
15 (0 P 15)		necessary funds. You are under no obligation to a	scertain in Singapore Islamic Hub
My/Our Bank/Finance Company Account Name		the name on the record of MUIS is the same as that by me/us and whether or not notice of the bill under	
		debit has been given to me/us.	
			This application is hereby REJECTED (please \(\sqrt{\sq}}}}}}}}}}}}}} \ergint{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \egint{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
My/Our Bank/Finance Company Account No.		This authorization shall continue in force until expressly revoked it by written notice delivered to	
		may in your absolute discretion terminate this ar	rangement Signature/thumbprint* differs
		by written notice delivered to my/our address last you.	known to
			Signature/thumbprint incomplete/unclear*
Company's Name		I/We agree that you shall not be liable for any los from or in any way connected with you so acting	
		that you act in good faith or unless directly cau	
		resulting from your willful default or negligence.	
Company's Address			Wrong account number
		M-10 5:	
		Date My/Our Signature(s)/Compa (As in Bank Accour	
		·	
		PART 2: For MUIS' Completion BANK BRANCH MUIS BANK A/C N	Others
			$\frac{O.}{0 \mid 1}$
		BANK BRANCH A/C No. to be debite	ed Occ
Contact no	Tel:		Name of Approving Officer
	E		
	Fax:	B.O Use Only	Authorised Signature
		Ref No.	Date