



SINGAPORE

Please mail this completed form to:
SINGAPORE RED CROSS SOCIETY
15 Penang Lane
Singapore 238486

Attn: Fund Raising Department
Tel: 6664 0500

Name (Dr/Mr/Mrs/Ms/Mdm*):

(Please use BLOCK LETTERS and underline your surname)

NRIC/FIN No.:

(Your donation is 2.5 times tax-deductible, and will be automatically included in your tax assessment if you provided the above)

Address:

Contact No.:

Email Address:

Section 2 : (Please circle accordingly)

I would like to make monthly donation for :

\$10.00

\$20.00

\$50.00

\$100.00

\$150.00

\$200.00

Other amount (please specify):

(Minimum amount for Giro Donation is \$5.00)

Your Account No. & Branch

Form for account number and branch details with labels: (Bank code), (Branch code), Account no.

Signature / Thumbprint :

Date :

APPLICATION FORM FOR INTERBANK GIRO

PART 1 : FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with ' # ')

Date: # [] [] [] [] [] []
D D M M Y Y

Name of Billing Organisation: Singapore Red Cross Society

To: Name of Bank # []
Branch: # []

Billing Organisation's Customer's Name : # []
Billing Organisation's Customer's Reference No. S R C S []

- (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 authorisation 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.

My/Our Name(s): # []
My/Our Account Number # []

My/Our Contact (Tel/Fax) Number(s): # []
My/Our Company Stamp/Signature(s)/Thumbprint(s)*: # []

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

Table with columns: Bank, Branch, Billing Organisation's Account No.
7 2 3 2 1 4 2 0 3 8 5 4 6 0 0 1

Billing Organisation's Customer's Reference No. S R C S []

Table with columns: Bank, Branch, Account No. To Be Debited

PART 3 : FOR BANK'S COMPLETION

To : Billing Organisation

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

Authorised Signature

Date

** For thumbprints, please go to the branch with your identification

* Please delete where inapplicable