**Yes,** I want to make a difference to the lives of needy children:

○ Monthly ○ One-Time

○ $5 ○ $10 ○ $15 ○ $ _____ (please specify)

○ Please debit my bank account; I have completed the Giro application form below.

○ Please debit my VISA / MasterCard / American Express / Diners / JCB card

Card No.:

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | |

Card Holder's Name: (in block letters please)

Expiry Date (mm/yy): | | | - | | |

## My Personal Particulars

Name: (in block letters please)
(Dr/Mr/Miss/Mrs/Mdm/Ms)

NRIC/FIN No#:

Address:

Postal Code:

Tel: (O) (H)

Email:

Date of Birth:

Signature: Date:

DONATIONS ARE TAX-EXEMPT

**Please note:**
**For existing donors who are contributing on a monthly basis, this application will be treated as additional contributions.**

#Please write your NRIC/ FIN number so that your donation will be automatically included in your tax assessment by IRAS. Hence, we will not be issuing tax-deductible receipts for such donations. Please fill in your complete particulars to facilitate the auto-inclusion.

PJ - GIVE

# APPLICATION FORM FOR INTERBANK GIRO

## PART 1: For Donor's Completion (Fill in the space indicated with ✓)

Date:
✓

To: (Name of Financial Institution)
✓

Branch:
✓

Name of Billing Organisation ("BO"):
**SINGAPORE CHILDREN'S SOCIETY**

Billing Organisation Customer's Name:
✓

Billing Organisation Customer's Reference Number:

(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 know to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s):
✓

My/Our Account Number:
✓

Amount of Monthly Donation
(Payment Limit)
✓ $

My/Our Contact (Tel/Fax) Number(s):
✓

My/Our Company Stamp/Signature(s)/Thumbprint(s)*:
✓

(As in Financial Institution's records)

## PART 2: For Singapore Children's Society's Official

| Bank | | | | Branch | | | Billing Organisation's Account No. | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 3 | 3 | 9 | 5 | 2 | 4 | 0 | 4 | 6 | 6 | 7 | 9 | 0 | 0 | 1 | | |

| Bank | | | | Branch | | | Account No. | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |

| Billing Organisation's Customer Ref. No. | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

## PART 3: For Financial Institution's Completion

To: Billing Organisation
This Application is hereby REJECTED (please tick) for the following reason(s):

☐ Signature/Thumbprint# differs from Financial Institution's records

☐ Signature/Thumbprint# incomplete/unclear#

☐ Account operated by signature/thumbprint#

☐ Wrong account number

☐ Amendments not countersigned by customer

☐ Others: _____

Name of Approving Officer:

Authorised Signature: Date:

#Please delete where inapplicable

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