APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with 4)

Name: _____ Email Address:_____

Dr / Mr / Mrs / Ms / Mdm

Address: _____ Name Of Company:_____

_____Designation: _____

_____Postal Code_____Department:_____

NRIC/FIN No: _____ Contact Nos: (H)_____ (O)_____

Date Of Birth: _____ Sex: M/F (Pg) _____(Hp) _____

Please (tick) the amount that you would like to contribute to **Singapore Cancer Society**

	$50		$100		$150		$200		$500	$	Other amounts (Please indicate)

Date: Name of Billing Organisation ("BO"):

4 _____ 4 Singapore Cancer Society

To: Name of Bank: Billing Organisation's Customer's Name:

4 _____ 4_____

Branch: Billing Organisation's Customer's Reference Number:

4 _____ 4 Name of Sub-Fund to be Credited: _____

(a) I/We hereby instructs 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) as in Bank's record My/Our Contact (Tel/Fax) Number(s):

4 _____ 4_____

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

4 _____ 4_____
(as in bank's records)

PART 2: FOR SINGAPORE CANCER SOCIETY'S COMPLETION

Bank				Branch			Singapore Cancer Society									
7	1	7	1	0	0	9	0	0	9	0	0	2	6	7	6	2	

Singapore Cancer Society's Donor Reference No.											

Bank				Branch			Donor's A/C To Be Debited									

PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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

μ Signature/Thumbprint# differs from Financial Institution's records
μ Signature/Thumbprint# incomplete/unclear#
μ Account operated by signature/thumbprint#
μ Wrong account number
μ Amendments not countersigned by customer
μ Others: _____

_____ _____ _____
Name of Approving Officer Authorised Signature Date

- For thumbprints, please go to the branch with your identification.
  # Please delete where inapplicable