

**APPLICATION FORM FOR INTERBANK GIRO (Monthly Donation Only)**
**PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with →)**

Salutation: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 \* For auto-inclusion in our tax exemption filing.

NRIC/FIN#\* : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name of Company: \_\_\_\_\_  
 Department/Designation: \_\_\_\_\_  
 Contact: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Please tick the donation amount which you would like to donate to Singapore Cancer Society. Mail the completed signed physical form to Stakeholders Management Department, 30 Hospital Boulevard #16-02A, Singapore 168583. Any amendments to be countersigned. If you wish to terminate or make any changes to your donation, email to [fund\\_raising@singaporecancersociety.org.sg](mailto:fund_raising@singaporecancersociety.org.sg) with a 30 days' notice.

\$20   
  \$50   
  \$100   
  \$200   
  \$ \_\_\_\_\_   
 Other amounts (Minimum donation amount: \$5)

Date: \_\_\_\_\_  
 → \_\_\_\_\_  
 To: Name of Bank \_\_\_\_\_  
 Branch: \_\_\_\_\_  
 → \_\_\_\_\_

Name of Billing Organisation ("BO"): \_\_\_\_\_  
 Singapore Cancer Society  
 Billing Organisation's Customer's Name: \_\_\_\_\_  
 Singapore Cancer Society  
 Billing Organisation's Customer's Reference No.: \_\_\_\_\_  
 Name of Sub-Fund to be Credited: \_\_\_\_\_

- I/We hereby instruct you to process the BO's instructions to debit my/our account.
- 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.
- 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): \_\_\_\_\_  
 → \_\_\_\_\_

My/Our Account Number: \_\_\_\_\_  
 → \_\_\_\_\_

I consent to allow Singapore Cancer Society (SCS) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with SCS as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on SCS' activities, programmes and services; donation requests; carrying out research, analysis and development activities for SCS' purposes; and making disclosures required by law or a competent authority. SCS may, for the above Purpose, disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore (subject always to requirements under applicable law having been met).

If you wish to receive communications on SCS' activities, programmes and services via phone call and/or text message to a phone number or numbers that you have provided to SCS, please **TICK** the relevant box(es):

- Text Message  
 Phone Call

In any event, you agree that SCS may send communications on its activities, programmes and services to you via email and/or post. If you do not wish to receive such communications via email and/or post, or if you wish to make changes to consent previously given, you understand that you may opt out by writing to the "SCS Data Protection Officer" at 30 Hospital Boulevard #16-02A, Singapore 168583.

**Please tick the box below if you would like us to acknowledge your kind support to SCS in our publications:**  
 Yes

My/Our Company Stamp/Signature(s)/Thumbprint(s)\*\* (as in bank's records) \_\_\_\_\_ Date \_\_\_\_\_

\*\*For thumbprint verification, please go to the branch with your identification.

**PART 2: FOR SINGAPORE CANCER SOCIETY'S COMPLETION**

Bank	Branch	Donor's A/C to be Debited	SCS Donor Reference No.

**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 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