

**APPLICATION FORM FOR INTERBANK GIRO**

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

Salutation: \_\_\_\_\_ Given Name: \_\_\_\_\_ NRIC/FIN#\* : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_ Name of Company: \_\_\_\_\_  
 \_\_\_\_\_ Department/Designation: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_  
 \* For auto-inclusion in our tax exemption filing. Email Address: \_\_\_\_\_

Please tick the amount that you would like to contribute to Singapore Cancer Society (SCS). If you wish to terminate or make any changes to your donation, please send an email to [fund\\_raising@singaporecancersociety.org.sg](mailto:fund_raising@singaporecancersociety.org.sg) with at least 30 days' notice. **Please mail the completed form to our Stakeholders Management Dept. at 15 Enggor Street, Realty Centre #04-01, Singapore 079716.**

<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$	Other amounts (Minimum donation amount: \$5)
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Date: \_\_\_\_\_ Name of Billing Organisation ("BO"): Singapore Cancer Society  
 → \_\_\_\_\_ Billing Organisation's Customer's Name: Singapore Cancer Society  
 To: Name of Bank \_\_\_\_\_ Billing Organisation's Customer's Reference No.: \_\_\_\_\_  
 Branch: \_\_\_\_\_ 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: \_\_\_\_\_ My/Our Company Stamp/Signature(s)/Thumbprint(s)\*\*: \_\_\_\_\_  
 → \_\_\_\_\_ → \_\_\_\_\_ (as in bank's records)

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

Your kind contribution to SCS is greatly appreciated and we would like to acknowledge your support in our publications. Please indicate your preference to be acknowledged:  Yes  No

I consent to allow 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 "Singapore Cancer Society, 15 Enggor Street, #04-01, Realty Centre, Singapore 079716" or to the following email address [dataprotection@singaporecancersociety.org.sg](mailto:dataprotection@singaporecancersociety.org.sg).

**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

# Please delete where inapplicable

SINGAPORE CANCER SOCIETY

15 Enggor Street, Realty Centre #04-01, Singapore 079716

Main: 1800 727 3333 | Fax: 6221 9575 | [www.singaporecancersociety.org.sg](http://www.singaporecancersociety.org.sg) | [fund\\_raising@singaporecancersociety.org.sg](mailto:fund_raising@singaporecancersociety.org.sg)

SCS Clinic @ Bishan Junction 8 Office Tower | SCS Cancer Rehabilitation Centre @ JEM Office Tower

SCS Satellite Office @ National University Cancer Institute, Singapore | SCS Satellite Office @ National Cancer Centre Singapore