SINGAPORE

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

Attn: Mr William Ng - Finance Division
Tel: 6336 0269

Section 1 : Personal Particulars

Name (Dr/Mr/Mrs/Ms/Mdm*): _____
(Please use BLOCK LETTERS and underline your surname)

NRIC/FIN No. _____

Address: _____

_____

Office No.: _____

H/P No.: _____

Home No.: _____

Fax No.: _____

Section 2 : (Please circle accordingly)

I would like to make monthly donation for : $10.00 $20.00 $50.00 $100.00

Other amount (please specify): _____
(Minimum amount for Giro Donation is $5.00)

Your Account No. & branch _____

This will take effect from : _____ (mth / year) to (mth / year)
(Please specify range)

Signature / Thumbprint : _____

Date : _____

revised on 25 Sep 2007

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 Contact (Tel/Fax) Number(s):

My/Our Account Number

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

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

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

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 **
- ☐ 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 _____

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

* Please delete where inapplicable