APPLICATION FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION



Name of Billing Organisation ("BO") Date of application: Please glue and seal here Day Month **DOVER PARK HOSPICE** ("DPH") Please glue and seal here To (Name of Bank): Branch: _ I wish to make monthly Interbank Giro contributions in the amount indicated with tick ($\sqrt{\ }$) in the box below: Other amount - \$ _____ (please indicate amount – minimum \$10) \$50.00 \$100.00 \$200.00 I hereby instruct you to process the BO's instructions to debit my account. You are entitled to reject the BO's debit instructions if my account does not have sufficient funds and charge me 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 authorization will remain in force until terminated by your written notice sent to my address last known to you or upon receipt of my written revocation through the BO. My/Company Name as shown in Bank records: Mr/Mrs/Ms/Mdm/Dr ____ (please use BLOCK LETTERS) _ My NRIC/FIN No: My/Company Bank Account Number: _ (please fully complete ID number e.g. S1234567F or G1234567B) My/Company address: _ Postal Code: _ _____(Home/Office) _ My/Company Contact Numbers: ___ (Mobile) My/Company Email Address: Please tick accordingly: No - Please submit my/company details to IRAS for auto-inclusion of my donation/s for tax relief. Yes (From 1 Jan 2011, all donors are required to provide their NRIC / FIN / UEN in order to be given tax deduction based on donations. With this change, IRAS will no longer accept claims for tax donations based on donations receipts) This Giro deduction will take effect from: _ Signature / Thumbprint (as in Bank's records) For thumbprints, please go to the branch with your identification -----please fold here first--**PART 2: FOR DPH'S COMPLETION** Branch BO's Account No. DPH's Applicant's Ref No: 0 2 4 0 0 9 8 1 8 0 2 Account No. to be Debited Please glue and seal PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION glue and seal To DOVER PARK HOSPICE I here This Application is hereby REJECTED (please tick) FOR THE FOLLOWING REASON(S): *delete where applicable Signature / Thumbprint* differs from Financial Institution's records Wrong account number Signature / Thumbprint* incomplete / unclear* Amendments not countersigned by customer Account operated by signature / thumbprint* Others: Bank's Authorised Signature: Name of Approving Officer: __ Date: