

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Date:

Name of Billing Organisation:

VIRIYA COMMUNITY SERVICES

Name of Financial Institution:

Donor's Name: Mr/Mrs/Mdm/Ms/Company*

Branch:

Bank Account Number:

a) I/We* hereby instruct you to process Viriya Community Services' instruction to debit my/our* account for the **monthly** GIRO as specified below:

\$20.00 \$50.00 \$100.00 \$500.00 Other, please specify amount: _____

b) You are entitled to reject Viriya Community Services' 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 Viriya Community Services.

Name: Mr/Mrs/Mdm/Ms/Company*:

(*Please delete accordingly)

NRIC/FIN/UEN No#:

 I would like to receive automatic tax deduction

*Please fill in your NRIC/FIN/UEN Number for automatic inclusion of your tax deduction in your income tax assessment by IRAS. For further clarifications, please contact Ms June Lim at june@viriya.org.sg.

Contact person (for corporate or group donations): _____

Mailing address: _____

Postal code: _____

Email: _____

Contact numbers:

(Mobile) _____

(Home) _____

(Office) _____

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

Date:

(as in Financial Institution's records)

PART 2: FOR VIRIYA COMMUNITY SERVICES' COMPLETION

Bank	Branch	VCS Bank A/C No.	Viriya Community Services' Donor Reference:
7 1 7 1	0 1 7 -	9 0 0 6 9 - 2	
Bank	Branch	Account No. to be debited	

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Viriya Community Services

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

Name of Approving Officer

Authorised Signature

Date

*Please delete accordingly.

For thumbprints, please go to the branch and thumbprint in the presence of an authorised bank officer.

All personal data acquired through the donation form will only be used for the purposes of this form and will not be further processed or disclosed without the consent of the donor in accordance to the Personal Data Protection Act (PDPA) 2012

Monthly deductions will be made around the 30th of each month. We will notify IRAS of your donation above \$50.00 which will automatically be included in your income tax assessment. Please return the original completed form to us at **142 Potong Pasir Avenue 3 #01-224 Singapore 350142**.

Thank you for your kind donation.