

Private and Confidential  
**APPLICATION FORM FOR INTERBANK GIRO**



**PART 1: FOR APPLICANT'S COMPLETION**

Date:	Name of Billing Organisation: <b>Viriya Community Services</b>
	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*	NRIC/FIN/UEN No.:
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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 email to [june@viriya.org.sg](mailto:june@viriya.org.sg)

Contact person (for corporate or group donations):	Mailing Address:
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Contact Number:

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_

My/Our\* Company Stamp/Signature(s)/Thumbprint(s)\*:  
 (as in Financial Institution's records)

Date:

**PART 2: FOR APPLICANT'S COMPLETION**

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

**PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION**

To: **Viriya Community Services**

- |                                                                                             |                                                                   |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Account operated by signature/thumbprint*                          | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear*                          | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records | <input type="checkbox"/> 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.