Private and Confidential

## APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION			
Date:	Name of Billing Organization: Viriya Community Services		
Name as in Bank Account: Mr / Mrs / Mdm / Ms / Company*			
Bank:	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 authorization 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.			
□ I would like to receive 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 <u>finance@viriya.org.sg</u>			
NRIC/FIN/UEN* No.:			
Contact person (for corporate or group donations):		Mailing/Email Address:	
Contact Number Mobile / Home:			
My/Our Company Stamp/Signature(s)/Thumbprint(s)*: (as in Financial Institution's records)			
PART 2: FOR VIRIYA COMMUNITY SERVICES COMPLETION			
Bank Branch VIRIYA COMMUNITY			
7 1 7 1 0 1 7 0 1 7 9 0 0 PART 3: FOR FINA		2 TUTION'S COMPLETION	
To: Viriya Community Services			
This application is hereby REJECTED (Please tick) for the following reason(s):			
$\Box$ Account operated by signature/thumbprint* $\Box$ Wrong account number			
□ Signature/Thumbprint* incomplete/unclear* □ Amendments not countersigned by customer			۲
□ Signature/Thumbprint* differs from			
Financial Institution's records	□ Ot	hers:	
	norized Signa		
*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. Please return the original completed form to us at 142 Potong Pasir Avenue 3 #01-224 Singapore 350142. Thank you for your kind donation.			