



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

Attn: Fund Raising Department  
 Tel: 6664 0500

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 :

<b>\$10.00</b>	<b>\$20.00</b>
<b>\$50.00</b>	<b>\$100.00</b>
<b>\$150.00</b>	<b>\$200.00</b>

Other amount (please specify): \_\_\_\_\_  
*(Minimum amount for Giro Donation is \$5.00)*

Your Account No. & Branch

_____	_____	_____
<i>(Bank code)</i>	<i>(Branch code)</i>	<i>Account no.</i>

Signature / Thumbprint : \_\_\_\_\_

Date : \_\_\_\_\_

**APPLICATION FORM FOR INTERBANK GIRO**

**PART 1 : FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with ' # ' )**

Date: \_\_\_\_\_  
 # \_\_\_\_\_  
 D D M M Y Y

To: Name of Bank  
 # \_\_\_\_\_

Branch:  
 # \_\_\_\_\_

Name of Billing Organisation:  
 # Singapore Red Cross Society

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.	Billing Organisation's Customer's Reference No.
7	232142	038546001	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):

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

\_\_\_\_\_  
 Name of Approving Officer

\_\_\_\_\_  
 Authorised Signature

\_\_\_\_\_  
 Date

\*\* For thumbprints, please go to the branch with your identification  
 \* Please delete where inapplicable