APPLICATION FOR INTERBANK GIRO - CLUB HEAL

Date:

Part 1: For applicant's completion

○ Personal Donation   ○ Corporate Donation

Donor's Name   : _____ (Dr/Mr/Ms/Mrs/Mdm)

NRIC/FIN/UEN   : _____   Email   : _____
Compulsory for automatic tax deduction.

Mailing Address   : _____

Postal Code   : _____   Contact no. : _____

By providing the information set out in this form, I/we agree and consent to CLUB HEAL collecting, using and disclosing my personal data in this form for the purposes of processing the donation, issuing receipt and maintaining their relationship with me as CLUB HEAL's donor, including communications on CLUB HEAL's activities, programmes and services.

To: Name of Bank	Branch
My/Our Name(s) as per Bank's Record	My/Our Bank Account No.
Monthly Donation ○ $20 ○ $50 ○ $100 ○ Other Amount : $	

(a) I/We hereby instruct you to process CLUB HEAL's instructions to debit my/our account.

(b) The Bank is entitled to reject the CLUB HEAL'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 (i) the Bank's written notice sent to my/our address last known to the Bank; (ii) upon the Bank's receipt of my/our written revocation; or (iii) upon the Bank's receipt of the notice of expiry from CLUB HEAL

(d) Amendments made on the form must be countersigned by the applicant.

_____   _____
Signature(s)/Thumbprint(s) as per Bank's Record   Date (DD/MM/YYYY)
For thumbprint verification, please go to the branch with your identification

Part 2: For Club HEAL's Completion

SWIFT BIC	Billing Organisation's Account No	Billing Organisation's Customer Ref No
OCBCSGSG	641-372131-001	

SWIFT BIC	Account No. To Be Debited

Part 3: For Bank's Completion

To: Club HEAL

This application is hereby REJECTED (please tick) for the following reason(s):

☐ Signature/Thumprint differs from the Bank's records   ☐ Wrong Account Number
☐ Signature/Thumprint incomplete/unclear   ☐ Amendments not countersigned by cust
☐ Account operated by signature/thumbprint   ☐ Others:

_____   _____   _____
Name of Approving Officer   Authorised Signature   Date