

**APPLICATION FORM FOR INTERBANK GIRO**
**PART 1: FOR DONOR'S COMPLETION**
**GIRO Instruction**

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

To: (Name of Bank)  
\_\_\_\_\_

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

Billing Organisation: **ASSISI HOSPICE**

I would like to give:

Monthly \$ \_\_\_\_\_ (please specify)

Annually \$ \_\_\_\_\_ (please specify)

Please debit my / our bank account accordingly.

Please  send /  do not send annual tax-deductible receipt.

I / We hereby instruct you to process Assisi Hospice's instructions to debit my / our account.

You are entitled to reject Assisi Hospice'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.

I consent to allow Assisi Hospice (AH) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with AH as a donor (Purpose) including communications on AH's activities, programmes and services; donation requests and making disclosures required by law or by a competent authority.

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 Assisi Hospice.

My / Our Name(s) – Dr / Mr / Mrs / Miss / Ms

My / Our Contact:

\_\_\_\_\_

H \_\_\_\_\_ O \_\_\_\_\_ Fax \_\_\_\_\_

NRIC/FIN/UEN no.

My / Our Bank & Account Number(s):

Address:

My / Our Company's Stamp/Signature/Thumbprint(s) \*

Postal Code \_\_\_\_\_

(as in Bank's record)

Email \_\_\_\_\_

**PART 2: FOR ASSISI HOSPICE'S COMPLETION**

Bank				Branch		ASSISI HOSPICE Account no										ASSISI HOSPICE Donors's Reference										
7	3	3	9	6	4	1	6	6	7	5	9	7	0	0	1											
Bank				Branch		Account no. to be debited																				

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

To: **ASSISI HOSPICE** 832 Thomson Road Singapore 574627

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

Signature / thumbprint # differs from financial institution's records  Wrong account number

Signature / thumbprint # incomplete / unclear #  Amendments not countersigned by customer  
 Account operated by Signature / thumbprint #  Others: \_\_\_\_\_

Name of approving officer

Authorised signature

Date

\* For thumbprints, please go to the branch with your identification

# Please delete where applicable