

## APPLICATION FORM FOR INTERBANK GIRO

### PART 1: FOR DONOR'S COMPLETION

#### GIRO Instruction

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

Billing Organisation: **ASSISI HOSPICE**

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

I would like to give:

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

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

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

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  
☐ Signature / thumbprint # incomplete / unclear #  
☐ Account operated by Signature / thumbprint #
- ☐ Wrong account number  
☐ Amendments not countersigned by customer  
☐ Others: \_\_\_\_\_

\_\_\_\_\_  
Name of approving officer

\_\_\_\_\_  
Authorised signature

\_\_\_\_\_  
Date

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

# Please delete where applicable