

## APPLICATION FORM FOR INTERBANK GIRO

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

Name: Dr / Mr / Mrs / Ms / Mdm Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Department: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_ Designation: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_ Contact: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (Hp) \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Sex: M/F Email Address: \_\_\_\_\_

Please (tick) the amount that you would like to contribute to Singapore Cancer Society. If you wish to terminate or make any changes to your donation, please send an email to [fund\\_raising@singaporecancersociety.org.sg](mailto:fund_raising@singaporecancersociety.org.sg) with at least 30 days' notice. **Please mail the completed form to our SRM Dept. at 15 Enggor Street, Realty Centre #04-01, Singapore 079716.**

\$50   
  \$100   
  \$150   
  \$200   
  \$500   
  \$   
 Other amounts (please indicate) \_\_\_\_\_

Date: \_\_\_\_\_ Name of Billing Organisation ("BO"): Singapore Cancer Society  
 → \_\_\_\_\_ Billing Organisation's Customer's Name: Singapore Cancer Society  
 To: Name of Bank: \_\_\_\_\_ Billing Organisation's Customer's Reference No.: \_\_\_\_\_  
 → \_\_\_\_\_ Name of Sub-Fund to be Credited: \_\_\_\_\_  
 Branch: \_\_\_\_\_

- 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) as in Bank's Record: \_\_\_\_\_ My/Our Contact (Tel/Fax) Number(s): \_\_\_\_\_  
 → \_\_\_\_\_ → \_\_\_\_\_  
 My/Our Account Number: \_\_\_\_\_ My/Our Company Stamp/Signature(s)/Thumbprint(s)\*: \_\_\_\_\_  
 → \_\_\_\_\_ (as in bank's records)

I consent to allow Singapore Cancer Society ("SCS") to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with SCS as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on SCS' activities, programs and services and donation requests; carrying out research, analysis and development activities for SCS' purposes; and making disclosures required by law or a competent authority. SCS may disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore, for the above Purpose.

### PART 2: FOR SINGAPORE CANCER SOCIETY'S COMPLETION

Bank	Branch	Singapore Cancer Society (SCS)	SCS Donor Reference No.
7 1 7 1	0 0 9	0 0 9 0 0 2 6 7 6 2	

Bank	Branch	Donor's A/C to be Debited

### PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

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 inapplicable

SINGAPORE CANCER SOCIETY  
15 Enggor Street, Realty Centre, #04-01, Singapore 079716  
**Main: 6221 9578 | Fax: 6221 9575**

SINGAPORE CANCER SOCIETY MULTI-SERVICE CENTRE  
9 Bishan Place, Junction 8 Office Tower, #06-05, Singapore 579837  
**Main: 6499 9133 | Fax: 6499 9140**