



APPLICATION FORM FOR INTERBANK GIRO

Part 1 : For Applicant's Completion

Date:	Name of Billing Organisation ("BO") :
<input type="text" value="(dd/mm/yyyy)"/>	<input type="text" value="Handicaps Welfare Association"/>

To : Name of Bank :	Billing Organisation's Donor's Name :
<input type="text"/>	<input type="text"/>

Branch :	Billing Organisation's Donor's Account Number :
<input type="text"/>	<input type="text"/>

- 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 authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt my/our written revocation through the BO.

My/Our Name(s) :	My/Our Contact (Tel/Fax) Number(s) :
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

My/Our Account Number :
<input type="text"/>

My/Our Signature(s)/Thumbprint(s)*
<input style="height: 50px;" type="text"/>

Part 2 : For Billing Organisation's Completion

Bank	Branch	Billing Organisation's Account No.
<input type="text" value="7 1 7 1"/>	<input type="text" value="0 7 0"/>	<input type="text" value="0 7 0 0 0 2 3 5 1 2"/>

Billing Organisation's Donor's Account No.

Bank	Branch	Account No. To Be Debited
<input type="text"/>	<input type="text"/>	<input type="text"/>

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# is incomplete/unclear	<input type="checkbox"/>	Amendment not countersigned by customer
<input type="checkbox"/>	Account operated by signature/thumbprint#	<input type="checkbox"/>	Others : <input type="text"/>

Name of Approving Officer : _____ Authorised Signature : _____ Date : _____

*For thumbprints, please go the branch with your identification. #Please delete where inapplicable.



PARTICULARS OF DONOR:

Name:	NRIC No.*
Address:	Email:
Tel: _____ (HP) _____ (O) _____ (H)	

* NRIC No. of person claiming tax exemption

ONE-TIME DONATION:

Donation Amount: \$ _____
I would like to make this donation to: (please tick one)
<input type="checkbox"/> Rehabilitation <input type="checkbox"/> Transport <input type="checkbox"/> Social Services/ Welfare <input type="checkbox"/> Enrichment <input type="checkbox"/> Social Integration <input type="checkbox"/> Education

MONTHLY DONATION:

Monthly Donation Amount: \$ _____
I would like to make this donation to: (please tick one)
<input type="checkbox"/> Rehabilitation <input type="checkbox"/> Transport <input type="checkbox"/> Social Services /Welfare <input type="checkbox"/> Enrichment <input type="checkbox"/> Social Integration <input type="checkbox"/> Education

DONATION DETAILS:

I would like to make this donation by (please tick):

Giro (please fill in the GIRO form on the flip side of this form)

Visa / Mastercard Card No.

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Expiry Date: _____

Signature: _____

Cheque/Money Order/Postal Order No. _____

NOTE:

- All cheques should be made payable to **"Handicaps Welfare Association"**
- Please state your NRIC Number to enable IRAS to include your tax-free donation in your Notice of Tax Assessment
- Tax exempt receipts will be issued for donations of \$50.00 and above
- For enquiries, please call us at 6254 3006 or email us at hwa@hwa.org.sg
- You can also obtain the GIRO Form from our homepage – <http://www.hwa.org.sg>

THANK YOU FOR YOUR SUPPORT.

