

APPLICATION FORM FOR INTERBANK GIRO

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

Salutation: _____ Given Name: _____
 _____ Surname: _____
 Address: _____
 _____ Postal Code: _____
 * For auto-inclusion in our tax exemption filing.

NRIC/FIN#* : _____ Date of Birth: _____ Sex: _____
 Name of Company: _____
 Department/Designation: _____
 Contact: (H) _____ (O) _____ (HP) _____
 Email Address: _____

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

<input type="checkbox"/>	\$20	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$200	<input type="checkbox"/>	\$	Other amounts (Minimum donation amount: \$5)
--------------------------	------	--------------------------	------	--------------------------	-------	--------------------------	-------	--------------------------	----	--

Date: _____
 → _____
 To: Name of Bank _____

 Branch: _____
 → _____

Name of Billing Organisation ("BO"): _____
 Singapore Cancer Society
 Billing Organisation's Customer's Name: _____
 Singapore Cancer Society
 Billing Organisation's Customer's Reference No.: _____
 Name of Sub-Fund to be Credited: _____

- I/We hereby instruct you to process the BO's instructions to debit my/our account.
- 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.
- 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: _____
 → _____

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, programmes and services; donation requests; carrying out research, analysis and development activities for SCS' purposes; and making disclosures required by law or a competent authority. SCS may, for the above Purpose, disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore (subject always to requirements under applicable law having been met).

If you wish to receive communications on SCS' activities, programmes and services via phone call and/or text message to a phone number or numbers that you have provided to SCS, please **TICK** the relevant box(es):

- Text Message
 Phone Call

In any event, you agree that SCS may send communications on its activities, programmes and services to you via email and/or post. If you do not wish to receive such communications via email and/or post, or if you wish to make changes to consent previously given, you understand that you may opt out by writing to the "SCS Data Protection Officer" at "Singapore Cancer Society, 15 Enggor Street, #04-01, Realty Centre, Singapore 0797

Your kind contribution to SCS is greatly appreciated and we would like to acknowledge your support in our publications. Please indicate your preference to be acknowledged: Yes No

My/Our Company Stamp/Signature(s)/Thumbprint(s)** (as in bank's records) _____ Date _____

**For thumbprint verification, please go to the branch with your identification.

PART 2: FOR SINGAPORE CANCER SOCIETY'S COMPLETION

Bank	Branch	Donor's A/C to be Debited	SCS Donor Reference No.

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
- 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

Please delete where inapplicable