

APPLICATION FORM FOR INTERBANK GIRO (Monthly Donation Only)
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 donation amount which you would like to donate to Singapore Cancer Society. Mail the completed signed physical form to 30 Hospital Boulevard #16-02 NCCS Building Singapore 168583. Any amendments to be countersigned. If you wish to terminate or make any changes to your donation, email to fund_raising@singaporecancersociety.org.sg with a 30 days' notice.

\$20 \$50 \$100 \$200 \$ _____ 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 Account Number: _____
 → _____

My/Our Contact (Tel/Fax) Number(s): _____
 → _____

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 30 Hospital Boulevard #16-02 NCCS Building Singapore 168583.

Please tick the box below if you would like us to acknowledge your kind support to SCS in our publications:

- Yes**

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