



DONATION FORM

My Personal Particulars

Name:

Address:

NRIC No./FIN/UEN No.* Occupation (Optional):

Email:

Handphone: Telephone No:

I/We consent to SIWEC collecting and using my personal data in this donation form for the purpose of:

- Processing my donation, including to process it for tax deduction
- Contacting me for news and updates (e.g. events & programmes) from SIWEC

*SIWEC is an Institute of Public Character, which entitles donors to 250% tax deductions for all qualifying donations. IRAS requires you to provide your NRIC/FIN/UEN above.

One-Time Contribution



YES, I would like to contribute:

- \$2001 \$1001 \$501 \$201
- \$101 \$_____ (please specify)
- Via Paynow to UEN: S98SS0018L
- Via Paynow to QR Code
- I enclose a cheque no.* _____ made payable to "Sikh Welfare Council"

Monthly Contribution to Welfare

YES, I would like to make a monthly contribution of:

- \$251 \$101 \$51 \$21
- \$11 \$_____ (please specify)
- Please debit my bank account; I have completed the Giro application form below.

APPLICATION FORM FOR INTERBANK GIRO - PART 1 : FOR DONOR'S COMPLETION

Date:

To: Name of Bank

Branch:

Billing Organisation:

SIKH WELFARE COUNCIL

Donor's Name:

Donor's NRIC/Passport No.*

- a) I/We hereby instruct you to process the Sikh Welfare Council's instructions to debit my / our account.
- b) You are entitled to reject the Sikh Welfare Council's debit instructions 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 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 Sikh Welfare Council.

Name(s) as in Bank Record:

Bank Account Number:

Contact Number(s)

Tel: Fax:

Thumbprint(s) / Signature(s)*:

PART 2 : FOR SIWEC'S OFFICIAL USE ONLY

Bank Branch Sikh Welfare Council Account No.

Bank Branch Account No. to be Debited

Sikh Welfare Council Reference No.

Limit of Each Payment (Exclude Cents)

*Please delete as appropriate

PART 3 : FOR BANK'S OFFICIAL USE ONLY

To: **Sikh Welfare Council**

This application is hereby rejected (please tick) for the following reason(s): _____

Name of Approving Officer:

Date:

Authorised Signature:

Do NOT staple. Please glue all sides firmly and fold this section inwards last.

Do NOT staple. Please glue all sides firmly and fold this section inwards last.

Please fold along this line

SIKH WELFARE COUNCIL
TOWNER P O BOX 1468
SINGAPORE 913237



BUSINESS REPLY SERVICE
PERMIT NO. 07167

Please fold along this line

Postage will
be paid by
addressee.
For posting in
Singapore only



Sikh Welfare Council

2 Towner Road, #06-02, Singapore 327804
Opening hours: Monday - Friday, 9am - 6pm

24-hour helpline: +65 6299 9234
Email: info@siwec.org

www.siwec.org