

SIWEC DONATION FORM

My Personal Particulars

Name:

Address:

NRIC No:

Date of Birth:

Email:

Handphone:

Telephone No:

Occupation (Optional):

One-Time Contribution

YES, I would like to contribute:

\$2001 \$1001 \$501 \$201

\$101 \$_____ (please specify)

I enclose a cheque / money order

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.

7 1 7 1 0 3 3 0 3 3 0 2 0 4 7 4 4

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:

First Fold Here

AFFIX
STAMP
HERE

SIKH WELFARE COUNCIL
TOWNER P. O. BOX 1468
SINGAPORE 913237

Second Fold Here