



INTERBANK GIRO APPLICATION FORM

Please mail this original and completed form to: **Brain Tumour Society (Singapore) Limited**,
10 Raeburn Park #02-08 Singapore 088702. Attn: Finance Department [Tel: 8807 1871]

GIRO-2021/06

Part 1: For Applicant's Completion

Name (Dr/ Mr/ Mrs/ Ms/ Mdm/ Company)	
NRIC/FIN/UEN	Email
Contact No.(s)	
Postal Address (S)	
I would like to make monthly donation of: <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> Others (min. donation of \$5): _____	
to Brain Tumour Society (Singapore) Limited	

The purposes for which Brain Tumour Society (Singapore) Limited will collect, use and disclose your personal data include but are not limited to verifying your identity; registering your donation and administrative matters on donation. I consent to allow Brain Tumour Society (Singapore) Limited to collect and use my personal data for the specified purposes of receiving news and any other communications from Brain Tumour Society (Singapore) Limited relating to its programmes, volunteer recruitment, services and events.

Name of Bank	Name <small>(as in Bank's Record)</small>
Branch	NRIC/FIN/UEN
Bank Account No.	Contact No.

Name of Billing Organisation (BO): Brain Tumour Society (Singapore) Limited

- (a) I/We hereby instruct you to process the BO's instruction to debit my/our account.
- (b) You are entitled to reject the BO's debit instruction if my/our account doesn't 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 authorization will remain in force until terminated by your written revocation through the BO.

Signature/Thumbprint	Date
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(as in bank's record) For thumbprints, please go to branch with your identification.

Part 2: For Billing Organisation's (BO) Completion

For BTSS Official use only

SWIFT Code							
M	B	B	E	S	G	S	2

Bank	Branch	BO's Account No.															
7	3	0	2	0	1	8	0	4	1	8	1	0	7	0	8	7	8

Bank	Branch	Donor's A/C to be Debited															

BO's Ref No.																	

Part 3: For Bank's Completion

To: Brain Tumour Society (Singapore) Limited

This application is hereby REJECTED for the following reason(s):

- Signature/ Thumbprint differs from Bank records
- Signature/ Thumbprint incomplete/ unclear
- Account operated by signature/ Thumbprint
- Wrong account number
- Amendments no countersigned by customer
- Others : _____

Name of Approving Officer

Authorised Signature/Date