APPLICATION FORM FOR INTERBANK GIRO

Part 1 : For Applicant's Completion (Fill in the spaces indicated with □)

Date:

□ _____

Name of Billing Organisation "BO" :

□ LPM AL-ANSAR

To : Name of Financial Institution

□ _____

Billing Organisation's Customer's Name:

□ _____

Branch :

□ _____

Billing Organisation's Customer's Reference Number/ NRIC:

□ _____

I wish to make a monthly contribution of :

☐ **$10** ☐ **$20** ☐ **$50** ☐ Other amounts (please state) _____

(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
(b) 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.
(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 BO.

My/Our Name(s) (Account Holder's Name)

□_____

My/Our Contact (Tel/Fax) Number(s)/E-mail address:

□_____

My/Our Account Number :

□_____

My/Our Company Stamp/Signature(s) Thumbprint(s)**:

□_____

(As in Financial Institution's records)

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

Part 2 : For Billing Organisation's Completion

Bank				Branch			Billing Organisation's Account No.										
7	3	3	9	5	8	1	8	5	3	9	7	5	0	0	1		

Billing Organisation's Customer's Ref No.											

Bank				Branch			Account No. to be Debited										

Part 3 : For Financial Institution's Completion

To : Lembaga Pentadbir Masjid Al-Ansar
151A Bedok North Avenue 1 Singapore 469753
Tel: 64492420 Fax : 64454702
Email : mail@alansar.mosque.sg

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

*Please delete where inapplicable

□ Wrong account number

□ Amendments not countersigned by applicant

□ Others : _____

_____ Name of Approving Officer

_____ Authorised Signature and Stamp of Financial Institution

_____ Date