

Your kind DONATION makes a DIFFERENCE ... 您的善心与义款, 令无数受惠者感动不已...

谢谢您, 改变了许许多多贫病老弱者的生命...善心的您在社会公益中扮演了举足轻重的角色。您的慈悲与布施造福群生, 福德无量。

THANK YOU for helping us to save lives... Good people like you play an important role in helping the community. Every act of compassion and generosity from you goes a long way.

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|--|--|
| <p>PERSONAL PARTICULARS 个人资料</p> <p>Name: _____ (Dr / Mr / Mrs / Miss / Mdm)</p> <p>NRIC No.: _____ Please fill in your NRIC No. for Tax-Deductible Receipt. 若要扣税收据, 请填上居民证号码。</p> <p>Address: _____ S ()</p> <p>Tel: (H) _____ (H/P) _____</p> <p>CORPORATE PARTICULARS 公司资料</p> <p>Name of Company: _____</p> <p>Contact Person: _____</p> <p>Address: _____</p> <p>Tel: _____ Fax: _____</p> | <p>PURPOSE OF DONATION: Please indicate your choice [✓]. 捐款用途: 请注明您的选择 [✓].</p> <p>1) General Fund for [] Meal Scheme and Others _____ 普通基金 济贫膳食及其他 _____</p> <p>2) Medical Fund for [] Renal & Cancer Disease Patients _____ 医药基金 协助肾病及癌症病患 [] SBWS Healthcare Buzz (mobile TCM Clinic) “爱心车”慈善流动中医医疗服务</p> <p>3) Welfare Fund for [] Community Home for the elderly 社区乐龄之家 福利基金 [] Halfway House 肃毒中途之家</p> <p><input checked="" type="checkbox"/> Please indicate your donation. 请注明您的选择。</p> <p><input type="checkbox"/> ONE-TIME DONATION 一次乐捐 <input type="radio"/> \$500 <input type="radio"/> \$300 <input type="radio"/> \$200 <input type="radio"/> \$100 Others: \$ _____ I would like to make my donation by cheque: Name of Bank: _____ No.: _____ (made payable to SINGAPORE BUDDHIST WELFARE SERVICES)</p> <p><input type="checkbox"/> MONTHLY DONATION 按月乐捐 Please sign up the GIRO Form. 请参加“财路”乐捐。</p> |
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新加坡佛教福利協會
SINGAPORE BUDDHIST WELFARE SERVICES
 105 Punggol Road Singapore 546636 Tel: 6489 8161 Fax: 6387 7887

Batch No.: _____

APPLICATION FORM FOR INTERBANK GIRO

Please complete PART 1 of this form and return to the Billing Organisation.

Part 1: For Applicant's Completion (fill in the spaces indicated with a ✓)

| | |
|---|--|
| <p>✓ Date: _____</p> <p>✓ To: Name of Bank / Finance Company 乐捐者银行名称: Branch 分行名称: _____</p> <p>✓ Limit for each payment 每月捐款上限: S\$ 新元: _____ 整 (exclude cents 银角不计)</p> | <p>✓ Name of Billing Organisation: SINGAPORE BUDDHIST WELFARE SERVICES</p> <p>✓ S B W S' s Customer Name 乐捐者姓名: _____</p> <p>✓ S B W S' s Customer Reference No. 乐捐者编号: _____</p> |
|---|--|

- (a) I/We hereby instruct you to process the Singapore Buddhist Welfare Services' instructions to debit my/our account.
 (b) You are entitled to reject the Singapore Buddhist Welfare Services' debit instruction if my/our account does not have sufficient funds and charge me/us a fee for so doing. 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 Singapore Buddhist Welfare Services.

| | |
|--|--|
| My/Our Name(s) 乐捐者姓名: ✓ _____ My/Our Account No. 乐捐者帐户号码: ✓ _____ | My/Our Contact Tel/Fax/Handphone/Pager No.(s) 乐捐者通讯号码: ✓ _____ My/Our Company Stamp/Signature(s)/Thumbprint(s): ✓ _____ |
|--|--|

(As in Bank/Finance Company's records) 帐号签名方式 / 指印 / 公司盖章
 * For thumbprints, please go to branch with your identification. 指印需在贵银行职员的见证下盖印

Part 2: For Billing Organisation's Completion

| | | | |
|-----------------------------------|--------|---------------------------|-------------------------------|
| Bank | Branch | S B W S' s Account No. | S B W S' s Customer Ref No. |
| 7 3 7 5 0 2 5 1 2 5 3 0 1 6 6 3 4 | | | |
| Bank | Branch | Account No. to be debited | Limit for each payment 每月捐款上限 |
| | | | |

Part 3: For Bank / Finance Company's Completion

To: **SINGAPORE BUDDHIST WELFARE SERVICES**
 105 Punggol Road, Singapore 546636.
 Tel: 6489 8161 Fax: 6387 7887

Attn: InterBank GIRO Services

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

- | | |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank's/Finance Co's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint # incomplete/unclear # | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint # | <input type="checkbox"/> Others: |

Name Of Approving Officer _____ Authorised Signature _____ Date _____

Please delete where inapplicable