

# My donation to Caritas Humanitarian Aid and Relief Initiatives, Singapore (CHARIS)



## APPLICATION FORM FOR INTERBANK GIRO

### PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with ✓)

✓ Date: _____	Name of Billing Organisation ("BO"): Caritas Humanitarian Aid & Relief Initiatives, Singapore (CHARIS)	
To: Name of Bank ✓ _____	My/Our Name/s (in block letters): ✓ _____	
Branch: ✓ _____	Address: ✓ _____	
	NRIC/FIN: ✓ _____	Parish : ✓ _____
✓ My Monthly Donation (Payment Limit): S\$ _____	Mobile Tel No : ✓ _____	Email: ✓ _____

- (a) I/We hereby instruct you to process CHARIS' instructions to debit my/our account.  
 (b) You are entitled to reject CHARIS' 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 authorization 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 instructions through CHARIS.

My/Our Name(s) as in Bank's record ✓ _____	My/Our Contact (Tel/Fax) Number(s): ✓ _____
My/Our Account Number: ✓ _____	My/Our Company Stamp/Signature(s)/Thumbprint(s)*: (as in bank's records) ✓ _____

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

### PART 2: FOR CHARIS' COMPLETION

Bank	Branch	CHARIS' Account Number
7 1 7 1	0 0 3	0 0 3 9 2 1 6 6 3 7

CHARIS' Reference Number

Bank	Branch	Account Number To Be Debited

### PART 3: FOR THE BANK'S COMPLETION

TO: **CARITAS HUMANITARIAN AID AND RELIEF INITIATIVES, SINGAPORE (CHARIS)**  
 55 WATERLOO STREET #07-02 SINGAPORE 187954

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

- |  |  |
|--|--|
| <input type="checkbox"/> Signature/Thumbprint# differs from Bank's records | <input type="checkbox"/> Wrong account number                        |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#         | <input type="checkbox"/> Amendments not countersigned by customer/BO |
| <input type="checkbox"/> Account operated by signature/thumbprint#         | <input type="checkbox"/> Other reason(s): _____                      |

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

# Please delete where inapplicable