

PERTAPIS MONTHLY DONATION



Postage will be paid by addressee. For posting in Singapore only.

**BUSINESS REPLY SERVICE
PERMIT NO. 07418**



PERTAPIS

P.O. Box 576

Marine Parade Post Office
Singapore 914403



**Donation can be made by GIRO, Cheque, Cash.
Cheque in favour of "PERTAPIS"**



PERTAPIS WELFARE HOMES

Block 1, Joo Chiat Road, #04 -1001, 1007 & 1009, Joo Chiat Complex, Singapore 420001.

Tel: 6745 3969 / 6842 2803 Fax: 6747 0845 Website: <http://www.pertapis.org.sg> Facebook: www.facebook.com/pertapissingapore



◆ PHH ◆ PCH
 ◆ PSCFH
 ◆ PCWG
 ◆ TAJ



MONTHLY DONATION GIRO FORM

FOR APPLICANT'S COMPLETION

A. APPLICANT'S PARTICULARS

Name(s) as in bank a/c : _____ Gender : M / F

NRIC : _____

Correspondence Address : _____

Postal Code : _____

Contact Telephones :

Home : _____

Office : _____

Mobile : _____

Email : _____

B. APPLICANT'S BANK DETAILS

Bank Name : _____

Bank Branch : _____

Bank a/c No : _____

C. DIRECT DEBIT INSTRUCTION

Name of Billing Organisation (BO) :

PERTAPIS WELFARE HOMES

Amount :

\$5 \$10 \$20 \$30 \$50

Others, please specify : _____

D. OTHER INSTRUCTIONS

- I / We hereby instruct you to process the BO's instruction to debit my / our account monthly.
- 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.
- 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 revocation through the BO's

Signature(s) / Thumbprint(s)* as in Bank a/c _____

Date _____

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

FOR BILLING ORGANISATION'S COMPLETION

FOR OFFICIAL USE ONLY

Billing Organisation's Customer Ref. No.									

Bank	Branch	Billing Organisation's Account No.														
7	3	3	9	6	6	5	7	0	5	7	1	1	-	0	0	1

Bank	Branch	Debit Account No.														

FOR FINANCIAL INSTITUTION'S COMPLETION

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

To: **PERTAPIS WELFARE HOME**

P.O. Box 576 Marine Parade Post Office, Singapore 914403

- Signature / Thumbprint # differs from Financial Institutions records
- Signature / Thumbprint # incomplete / unclear #
- Account operated by signature / Thumbprint #
- Amendments not countersigned by customer
- Wrong account Number
- Others : _____

Please delete where applicable

Name of Approving Officer

Authorised Signature

Date

GLUE
HERE

GLUE
HERE