



DONATION FORM

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

Date: _____ Name of Billing Organisation ("BO"): Masjid Abdul Gafoor

My/Our Bank: _____ Branch: _____

My/Our Account Number: _____ My/Our NRIC: _____

My/Our Name(s): _____ My/Our Contact Number(s): _____

My/Our Address: _____

My/Our Company Stamp/Signature(s)/ Thumbprint(s)*: _____
(as in Financial Institution's records)

(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.

Yes, I am pleased to make a monthly contribution of the following amount: (please ✓)

\$5 \$10 \$20

\$30 \$50 Other amounts: _____
(Please indicate)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number
7	3	3 9 5 0 1 8 5 7 7 8 3 - 0 0 1

Bank	Branch	Account Number To Be Debited

Billing Organisation's Customer Reference No.

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Billing Organisation

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#
- Wrong account number
- Amendments not countersigned by customer
- Others: _____

Name of Approving Officer Authorised Signature Date

*For thumbprints, please go to the branch with your identification.
Please delete where inapplicable