

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

<p>Date: _____ ✓</p> <p>To: Name of Bank _____ ✓</p> <p>Branch: _____ ✓</p> <p>My Monthly Donation to Caritas Singapore (Payment Limit): S\$ _____ ✓</p> <p><input type="checkbox"/> Yes, I am interested in tax exemption for this donation. <input type="checkbox"/> No, I do not need tax exemption for this donation.</p>	<p>Name of Billing Organisation ("BO"): <u>Caritas Singapore Community Council Limited</u></p> <p>Name as in NRIC/Company Name: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Ms</p> <p>Address: _____ ✓</p> <p>NRIC/FIN/UEN _____ Parish: _____ ✓</p> <p>Mobile/Tel No: _____ Email: _____ ✓</p>
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(a) I/We hereby instruct you to process Caritas Singapore's instructions to debit my/our account.  
 (b) You are entitled to reject Caritas Singapore's debit instruction if my/our account does not 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 Caritas Singapore.

<p>My/Our/Company Name(s) as in Bank record _____ ✓</p> <p>My/Our/Company Account Number: _____ ✓</p>	<p>My/Our/Company Contact (Tel/Fax) Number(s): _____ ✓</p> <p>My/Our/Company Stamp/Signature(s)/ Thumbprint(s)*: _____ ✓</p> <p style="text-align: center;">(as in bank records)</p>
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"I consent to Caritas Singapore using my contact details for the purpose of providing me with information about Caritas Singapore's activities and programmes, including those of its affiliate member organisations, by telephone, SMS, email or fax." (Your contact details will not be shared with any third party. However, if you do not wish to receive any future communication from Caritas Singapore, please tick the box below.)

I do not wish to receive any information about Caritas Singapore's activities and programmes.

**PART 2: FOR BILLING ORGANISATION'S COMPLETION**

SWIFT BIC	Billing Organisation's Account Number	Caritas Singapore's Customer Reference Number																				
DBSSSGSGXXX	0039052928	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																				
SWIFT BIC	Account Number To Be Debited																					

**PART 3: FOR BANK'S COMPLETION**

To: Caritas Singapore Community Council Limited  
55 Waterloo Street #08-01, 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
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\* For thumbprints, please go to the branch with your identification. # Please delete where inapplicable