

Application Form for Interbank GIRO Donation to Caritas Singapore

(For mailing, please print form on both sides and mail it to us with the self-addressed BRS envelope provided)

"If you offer your food to the hungry and satisfy the needs of the afflicted, then your light shall rise in the darkness and your gloom be like the noonday" Isaiah 58:10

Part 1: For Applicant's Completion

Date:	Name of Billing Organisation ("BO"): Caritas Singapore Community Council Limited
To: Name of Bank	Name as in NRIC/FIN or Company Name: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mdm. <input type="checkbox"/> Ms.
Branch:	
My Monthly Donation to Caritas (Payment Limit): S\$ _____	NRIC/FIN/UEN No:
<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	Address:
My/Our/Company Name(s) as in Bank record:	Email: (In our efforts to save the environment, only e-receipt will be sent)
My/Our/Company Account Number:	Mobile/Tel No:
My/Our/Company Stamp/Signature(s)/ Thumbprint(s)*: (As in bank records) * For thumbprint, please go to the branch with identification	Parish, if any:

- I/We hereby instruct you to process Caritas Singapore's instructions to debit my/our account.
- You are entitled to reject Caritas Singapore'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 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.

*By submitting this form, I fully understand and consent to the collection, use, disclosure and retention of my personal information for the purposes of processing donations, performing donor relations activities, carrying out donation related evaluation/analysis, and making disclosures required by law or a relevant authority and submission of donation data to Inland Revenue Authority of Singapore (IRAS) for tax-deduction computation in accordance to the terms stated in Caritas Singapore's Data Protection Policy (A copy of which is available at <https://www.caritas-singapore.org/pdpa/>). I accept that Caritas Singapore will keep the personal data confidential and restrict access to only authorised and need-to-know personnel.

Thank you for your generous donations to empower the Caritas Singapore family to serve the poor and marginalised.

Part 2: For Billing Organisation's Completion

SWIFTBIC	Billing Organisation's Account Number	Caritas Singapore's Customer Reference Number <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
DBSSSGSGXXX	0039052928																					
SWIFTBIC	Account Number to be Debited																					

Part 3: For Bank's Completion

To: Caritas Singapore Community Council Limited
7A Lorong 8 Toa Payoh, #04-01 Caritas Agape Village, Singapore 319264

Please delete where inapplicable

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) _____ |

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

**BUSINESS REPLY SERVICE
PERMIT NO. 08030**



CARITAS SINGAPORE COMMUNITY COUNCIL
7A LORONG 8 TOA PAYOH,
#04-01 CARITAS AGAPE VILLAGE
SINGAPORE 319264

CARITAS SINGAPORE FAMILY



Glue here

How do I send my form using the Business Reply Service?

1. Please print using the "double-sided" settings on a plain white paper with weight 80gsm and above.
2. Fill up all the necessary information required in the form.
3. Fold the envelope along the dotted line and with the address facing the front.
4. Follow the instructions on which side to fold first.
5. Glue all the labelled areas stated "Glue here"
6. Make sure all sides and edges are completed sealed.
7. Drop this sealed envelope into the letter box.

DO NOT:

1. Spot sealing or stapling is not allowed.
2. Do not staple. Glue all sides firmly.
3. Glossy stickers are not allowed.
4. Do not write on the glue area.

Fold this side FIRST

Glue here

Glue here

