

## RESPONSE FORM

Name: \_\_\_\_\_ NRIC/FIN No./UEN: \_\_\_\_\_  
(Please delete: Dr / Mr / Mrs / Ms / Mdm)

Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please state your NRIC/FIN No./UEN No. , so that the donation can be automatically included in your tax assessment.

I wish to donate to **An Le Fund**

A one-time donation of \$ \_\_\_\_\_  
 Crossed Cheque \_\_\_\_\_ (Cheque No.)  
*made payable to **An Le Fund***

A monthly donation of:  
 \$100     \$50     \$20     \$10     Other \$ \_\_\_\_\_  
 Interbank Giro (Please fill in Interbank Giro form below)

## APPLICATION FORM FOR INTERBANK GIRO

### PART I: FOR APPLICANT'S COMPLETION

Date: \_\_\_\_\_ Name of Billing Organisation ("BO"): **Tsao Foundation**

Name of Bank: \_\_\_\_\_ Customer's Name: \_\_\_\_\_

Branch: \_\_\_\_\_ NRIC/FIN No.: \_\_\_\_\_

(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 it 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 upon receipt of my/our revocation through the BO.

My/Our name(s) as in Bank's record: \_\_\_\_\_ My/Our contact (Tel) Number(s): \_\_\_\_\_

My/Our Account number: \_\_\_\_\_ My/Our Company Stamp/Signature(s)/Thumbprints(s)\* \_\_\_\_\_

**(For official use)**

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

Bank				Branch			Tsao Foundation's Account Number									
7	1	7	1	0	7	4	0	7	4	0	0	0	4	7	6	8
Bank				Branch			Account Number To Be Debited									

Tsao Foundation's Customer's Reference Number (NRIC/FIN)							

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

To: Tsao Foundation

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

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

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

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

\_\_\_\_\_  
Date

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

#Please delete where applicable