

DONATION FORM (BY GIRO ONLY)

Please complete this form and mail it to **EMCC, 177 River Valley Road, #05-19 Liang Court, Singapore 179030**

RESPONSE FORM (FOR BILLING ORGANISATION)

I/We[#] wish to make a contribution of the following amount **every month**:

\$250 \$150 \$100 \$80 \$50 \$30 Other Amount _____

Individual Donation

Mr / Mdm / Ms / Dr [#]

Name: _____ (As stated in NRIC)

NRIC/FIN No: _____
(For Tax-exempt Receipt and Auto inclusion of tax-deductible donation by IRAS)

Address: _____

Postal Code: _____

Contact (Home): _____ (Office): _____

(Mobile): _____

Email: _____

Corporate Donation

Company Name: _____

UEN No: _____
(For Tax-exempt Receipt and Auto inclusion of tax-deductible donations by IRAS)

Contact Person: _____

Address: _____

Postal Code: _____

Tel: _____ Fax: _____

Email: _____

Please be assured that your personal information will be kept strictly confidential. From 2011 to 2015, your personal donation is eligible for 2.5 times tax deduction. Please provide us your particulars especially your NRIC/FIN No for submission to Inland Revenue Authority of Singapore for automatic tax reduction. For non-individual donors, please provide UEN No.

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR DONOR'S COMPLETION

Date: _____

To: (Name of Bank): _____

Branch: _____

Payment Limit: _____
(Maximum amount to be deducted per transaction)

- I/ We hereby instruct you to process the BO's instructions to debit my/our account.
- 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 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 EMCC.
- It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

My / Our[#] Name(s) (as in Bank's record): _____

My / Our[#] Bank Account Number: _____

My / Our[#] Contact (Tel/Fax) No(s): _____

Name of Billing Organisation (BO): EMCC

Customer Name: _____

NRIC/FIN No: _____

Expiry Date of this authorisation: _____

My/ Our Company Stamp/ Signature(s)/ Thumbprint(s)[#] (as in bank record)

PART 2: FOR EMCC'S COMPLETION

Bank	Branch	EMCC Account
7 1 7 1 0 0 1 0 0 1 9 0 5 2 7 0 0		

Bank	Branch	Account Number to be Debited

EMCC Customer Reference Number

PART 3: FOR BANKS'S COMPLETION

To: EMCC

This application is hereby REJECTED for the following reason(s):
(Please indicate)

- Signature / Thumbprint[#] differs from the Bank's records
- Wrong account number
- Signature / Thumbprint* incomplete / unclear[#]
- Amendments not countersigned by customer
- Account operated by signature / thumbprint[#]
- Other Reason(s): _____

Name of Approving Officer _____ Authorised Signature _____ Date _____

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