

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. Your personal donation is eligible for double tax deduction (2.5 times for 2009-2010 donations). 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