



READY FOR SCHOOL FUND – GIRO FORM

APPLICATION FOR INTERBANK GIRO

Donor's Name :					Gender :	Male / Female
Name of My Bank / Our Bank (POSB / DBS / Others) :			My / Our Account No. :			
My / Our Name (s) as in Bank's Records :	1)		2)			
My / Our NRIC No. :	1)		2)			
My / Our Address :						Postal Code :
Home Tel :		Office Tel :		Mobile :		Email:

- 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 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 the BO.

My / Our Signature(s) / Thumbprint(s) :

DECLARATION

I hereby authorise the Association of Muslim Professionals (AMP) to debit the following amount every month from my account.

Please tick the number of families you would like to adopt.

- \$10 monthly \$20 monthly \$50 monthly Others: \$ _____
(please specify amount)

Applicant's Name :

Signature / Date :

FOR OFFICIAL USE ONLY

Attention to: FUND RAISING DEPARTMENT, AMP@PASIR RIS, 1 PASIR RIS DRIVE 4, #05-11, SINGAPORE 519457

AMP's Bank				Bank Branch			Account Number									
7	3	7	5	0	2	5	1	2	5	3	0	4	5	1	5	4
Bank/Finance Co.				Branch			A/C No. To Be Debited									
Reference No:																

Name of Approving Officer /
Authorised Signature / Date

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Attn: Bank/Finance Company
NO payment limit applicable

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

- | | |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Bank/Finance Co. records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint* incomplete/unclear* | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprints* | <input type="checkbox"/> Others: _____ |
- * Delete where applicable

Please complete and mail this form to:
ATTN: FUND RAISING DEPARTMENT
ASSOCIATION OF MUSLIM PROFESSIONALS
1 PASIR RIS DRIVE 4 #05-11
SINGAPORE 519457

**Thank you for your
generous support!**