

* Please delete where inapplicable

SINDA UEN No: S90SS0098L

CHEQUE / GIRO DONATION

Please fill out and submit or mail the completed form to SINDA, 1 Beatty Road, Singapore 209943.

SECTION 1 - PERSONAL PARTICULARS

Name (as per NRIC)/Organisation*: Mr/Ms/Mdm/Mrs/Dr* _____

NRIC/FIN/UEN No*: _____ (Required for the auto-inclusion of donation in your tax assessment to IRAS)

Mailing Address: _____

Tel No: _____ Mobile No: _____ Email: _____

ONLY FOR ORGANISATIONS:

Name & Designation of Representative: _____

Contact Number & Email: _____

SECTION 2 - DONATION DETAILS

Donation Amount: \$ _____ (in words): _____

FREQUENCY OF DONATION

☐ One-time Donation ☐ Recurring Donation (monthly / half-yearly / yearly)* effective from: _____
DD/MM/YYYY

DONATION TOWARDS:

☐ General Donation ☐ Educational Programmes ☐ Family Programmes ☐ Youth Programmes

MODE OF DONATION:

☐ GIRO ☐ Cheque
Please complete GIRO form overleaf
Cheque No: _____
Bank Name: _____

SECTION 3 - ENDORSEMENT

- I understand that I can cancel my donation by writing in to SINDA or by contacting 1800 295 4554.
- I agree that the above information provided may be used to invite me for other SINDA programmes.
- I agree to SINDA using any video, audio recording or image taken during this programme for any promotional purposes.

☐ Donor's name and donation amount may be disclosed in SINDA's publicity materials for appreciation purposes. If you wish to remain anonymous, please tick this box.

Signature of Donor/Organisation Representative* & Stamp

Date

SECTION 4 - FOR SINDA USE

Staff Attended: _____

Donation Receipt No: _____

Date: _____

APPLICATION FOR INTERBANK GIRO

SECTION A - TO BE COMPLETED BY DONOR

(Any alterations must be countersigned by the same authorised signatory under this section)

To: _____ Branch: _____
Name of Financial Institution

Donor's Name: _____

NRIC/FIN/UEN No: _____

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

Name(s) as per Account: _____

Account Number: _____

Tel No: _____ Mobile No: _____ Fax No: _____

- (a) I/We hereby instruct you to process SINDA's instruction to debit my/our account.
(b) You are entitled to reject the SINDA 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 SINDA.

Signature(s)/Thumbprint(s)[#]/Company Stamp:

As per Financial Institution's Records

_____ Date

[#] For thumbprint, please go to the branch with immediate identification

SECTION B - FOR SINDA USE

Bank Code	Branch Code	SINDA's Bank A/C Number
7171	048	0480180647

Donor's Reference No:

Bank Code	Branch Code	A/C Number to be Debited

GIRO Limit: _____

SECTION C - FOR FINANCIAL INSTITUTION'S COMPLETION

To: SINDA Finance Department, 1 Beatty Road, Singapore 209943

- ☐ Signature/Thumbprint* differs from Financial Institution Records
- ☐ Signature/Thumbprint* is incomplete/unclear
- ☐ Account operated by signature/thumbprint*
- ☐ Wrong Account Number
- ☐ Amendments not countersigned by applicant/SINDA
- ☐ Others: _____

Name of Approving Officer
and Institution Stamp

Authorised Signature

Date

** Please delete where inapplicable*