



10 Woodlands Drive 17, Singapore 737740 (4th Floor of Masjid Yusof Ishak)

APPLICATION FORM FOR INTERBANK GIRO

1. FOR APPLICANT'S COMPLETION

A. APPLICANT'S PARTICULARS

Date: _____

My/Our Bank("Bank"): _____

NRIC: _____

Correspondence Address

My/Our Contact (Tel/Fax) Numbers:

E-mail: _____

B. APPLICANT'S BANK DETAILS

My/Our Name (s): _____

My/Our Account Number: _____

Monthly Deduction:
\$ _____

C. DIRECT DEBIT INSTRUCTIONS

Name of Billing Organisation ("BO"): RAHMATAN LIL ALAMIN FOUNDATION LTD

(a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.

(b) The Bank is 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. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.

(c) This authorization will remain in force until:

- (i) the Bank's written notice sent to my/our address last known to the Bank;
- (ii) upon the Bank's receipt of my/our written revocation; or
- (iii) upon the Bank's receipt of the notice of expiry from the BO

Signature(s)/Thumbprint(s)* as in Bank a/c

Date

**Your donation is tax deductible as RLAf is a registered Institute of Public Character (IPC)

2. FOR BILLING ORGANISATION'S COMPLETION

Swift Bic	Billing Organisation's Account No.
OCBCSGGXXX	629-069154-001
Swift Bic	Account Number To Be Debited

Billing Organisation Customer's Reference No:

3. FOR FINANCIAL INSTITUTION'S COMPLETION

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

To: **Rahmatan Lil Alamin Foundation Ltd**

- | | |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Signature/thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong Account Number |
| <input type="checkbox"/> Signature/thumbprint# incomplete/unclear# | <input type="checkbox"/> Amendments not countersigned by donor |
| <input type="checkbox"/> Account operated by signature/thumbprint# | <input type="checkbox"/> Others |

Name of Approving Officer

Authorized Signature

Date

*For thumbprint(s), please go to the Bank's respective branch with your ID

Please delete where applicable