

## APPLICATION FORM FOR INTERBANK GIRO

### PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with ✓)

|  |   |
|--|---|
| Date:<br>✓ _____<br>To : Name of Financial Institution:<br>✓ _____<br>Branch:<br>✓ _____ | Name of Billing Organisation:<br><b>WORLD VISION INTERNATIONAL</b><br>World Vision's Donor's Name:<br>✓ _____<br>World Vision's Partner ID Number: <i>(optional)</i><br>✓ _____ |
|--|---|

### CONTRIBUTION TO WORLD VISION INTERNATIONAL

|  |  |
|--|--|
| <h4 style="text-align: center;">CHILD SPONSORSHIP</h4> YES! I would like to sponsor _____ child/children.<br>(No. of child/children)<br><br>Please select one of the following:<br><input type="checkbox"/> Please deduct <b>\$45</b> for each child from my account <b>every month</b> .<br><input type="checkbox"/> Please deduct <b>\$270</b> for each child from my account <b>every 6 months</b> .<br><input type="checkbox"/> Please deduct <b>\$540</b> for each child from my account <b>every 12 months</b> . | <h4 style="text-align: center;">OTHER CONTRIBUTIONS</h4> YES! I would like to make an additional contribution of \$_____ every month towards:<br><br><input type="checkbox"/> Emergency Relief <input type="checkbox"/> General Childcare<br><input type="checkbox"/> Children in Crisis <input type="checkbox"/> Others _____ |
|--|--|

(a) I/We hereby instruct you to process the World Vision's instructions to debit my/our account.  
 (b) You are entitled to reject the World Vision'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 World Vision.  
***The deduction will be made on either the 1<sup>st</sup> or 15<sup>th</sup> of the month. If the deduction date falls on a Saturday, Sunday or Public Holiday, the deduction will be made on the next working day.***

***To reduce costs, receipt will only be issued upon request.***

|  |  |
|--|--|
| My/Our Name (s):<br>✓ _____<br><br>My/Our Account Number:<br>✓ _____ | My/Our Contact (Tel/Fax/Pager) Number(s):<br>✓ _____<br><br>Email Address:<br>✓ _____<br><br>My/Our Company Stamp/Signature(s)/Thumbprint(s):<br>✓ _____<br><br><p style="text-align: center;">(As in Financial Institution's records)</p> |
|--|--|

### PART 2: FOR WORLD VISION COMPLETION

| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>Bank</th></tr> <tr><td>7 1 7 1</td></tr> </table> | Bank | 7 1 7 1 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>Branch</th></tr> <tr><td>0 0 1</td></tr> </table> | Branch | 0 0 1  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th>World Vision Account No.</th></tr> <tr><td>0 0 1 0 3 0 6 0 0 6</td></tr> </table> | World Vision Account No. | 0 0 1 0 3 0 6 0 0 6 |
|--|------|---------|--|--------|--|--|--------------------------|---------------------|
| Bank   |      |         |  |        |  |  |                          |                     |
| 7 1 7 1  |      |         |  |        |  |  |                          |                     |
| Branch   |      |         |  |        |  |  |                          |                     |
| 0 0 1  |      |         |  |        |  |  |                          |                     |
| World Vision Account No.   |      |         |  |        |  |  |                          |                     |
| 0 0 1 0 3 0 6 0 0 6  |      |         |  |        |  |  |                          |                     |
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| Bank   |      |         |  |        |  |  |                          |                     |
|  |      |         |  |        |  |  |                          |                     |
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|  |      |         |  |        |  |  |                          |                     |
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| Bank   |      |         |  |        |  |  |                          |                     |
|  |      |         |  |        |  |  |                          |                     |
| Branch   |      |         |  |        |  |  |                          |                     |
|  |      |         |  |        |  |  |                          |                     |
| A/C to be debited  |      |         |  |        |  |  |                          |                     |
|  |      |         |  |        |  |  |                          |                     |

### PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: World Vision International

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

- |   |  |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records<br><input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# | <input type="checkbox"/> Account operated by signature/thumbprint#<br><input type="checkbox"/> Wrong account number<br><input type="checkbox"/> Amendments not countersigned by customer<br><input type="checkbox"/> Others: |
|---|--|

|                           |                      |      |
|---------------------------|----------------------|------|
| Name of Approving Officer | Authorised Signature | Date |
|---------------------------|----------------------|------|

\* For thumbprints, please go to the branch with your identification

# Please delete where inapplicable