World Vision

Singapore

APPLICATION FORM FOR INTERBANK GIRO

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

Date:

✓ _____

To : Name of Financial Institution:

✓ _____

Branch:

✓ _____

Name of Billing Organisation:

WORLD VISION INTERNATIONAL

World Vision's Customer's Name:

✓ _____

World Vision's Customer's Reference Number: (Optional)

✓ _____

GIFT FOR WORLD VISION INTERNATIONAL

YES! I would like to make a one-time contribution of :

❑ S$200 ❑ S$100 ❑ S$50 ❑ S$30 ❑ Others S$_____

in the following areas : ❑ Emergency Relief ❑ General Childcare ❑ Others _____

Payment Limit = S$ _____

(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 on the 15th of every month. If 15th falls on a Sunday or a Public Holiday, the deduction will be made on the following day.

My/Our Name (s):

✓ _____

My/Our Account Number:

✓ _____

My/Our Contact (Tel/Fax/Pager) Number(s):

✓ _____

Email Address:

✓ _____

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

✓ _____

(As in Financial Institution's records)

PART 2 : FOR WORLD VISION COMPLETION

Bank	Branch	World Vision Account No
7 1 7 1	0 0 1	0 0 1 0 3 0 6 0 0 6

World Vision's Customer Ref Number:

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):

❑ Signature/Thumbprint# differs from Financial Institution's records

❑ Signature/Thumbprint# incomplete/unclear#

❑ Account operated by signature/thumbprint#

❑ Wrong account number

❑ Amendments not countersigned by customer

❑ Others : _____

Name of Approving Officer _____ Authorised Signature _____ Date _____

* For thumbprints, please go to the branch with your identification # Please delete where inapplicable