

## 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: (optional)<br>✓ _____ |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### CONTRIBUTION TO WORLD VISION INTERNATIONAL

#### CHILD SPONSORSHIP

YES! I would like to sponsor \_\_\_\_\_ child/children.  
(No. of child/children)

Please select one of the following:

- Please deduct **\$45** from my account **every month**.
- Please deduct **\$270** from my account **every 6 months**.
- Please deduct **\$540** from my account **every 12 months**.

Payment limit (maximum amount to be deducted per transaction): \_\_\_\_\_

#### OTHER RECURRING DONATIONS

YES! I would like to make an additional contribution of  
\$ \_\_\_\_\_ every month towards:

Description of Recurring Donation: \_\_\_\_\_

Please select one of the following:

- Please deduct \$ \_\_\_\_\_ from my account **every month**.

- (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
- (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 World Vision.

|                                                                                              |                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| My/Our Name(s):<br>✓ _____<br>My/Our Account Number:<br>✓ _____<br>Email Address:<br>✓ _____ | My/Our Contact (Tel/HP) Number(s):<br>✓ _____<br>My/Our Company Stamp/Signature(s)/Thumbprint(s)*:<br>_____<br>(As in Financial Institution's records)<br>*For thumbprints, please go to the branch with your identification |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 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): #Please delete where inapplicable

- |                                                                                                                                                                                                                                         |                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records<br><input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#<br><input type="checkbox"/> Account operated by signature/thumbprint# | <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 |
|---------------------------|----------------------|------|