

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 Donor's Name:
✓ _____
World Vision's Partner ID Number: (optional)
✓ _____

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

OTHER CONTRIBUTIONS

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

#Disaster/#Children in Crisis/#General Childcare/
#Others: _____ (# Please delete where inapplicable)

Please select one of the following:

- Please deduct \$ _____ from my account **every month**.
- Please deduct \$ _____ from my account **every 6 months**.
- Please deduct \$ _____ from my account **every 12 months**.

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

- (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.

The deduction will be made on either the 1st or 15th 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):
✓ _____

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