GIRO APPLICATION FORM

11 JALAN UBI BLOCK 2 #02-12 SINGAPORE 409074 | TEL: 6479 6252 | EMAIL: PARTNERSHIPS@APSN.ORG.SG

PART I: FOR DONOR'S COMPLETION

ONE TIME DONATION

☐ $250 ☐ $150 ☐ $100 ☐ $80 ☐ $50 ☐ Other Amount _____

MONTHLY DONATION

☐ $80 ☐ $50 ☐ $20 ☐ $10 ☐ $5 ☐ Other Amount _____

Date:	Name of Billing Organisation: **APSN LTD.**
To: (Name of Bank)	My / Our Name as in Bank Account:
Branch:	NRIC / FIN / UEN No.:
Address: Postal Code ( )	
Mobile: _____ Office/Home : _____	My / Our Signature(s) / Thumbprint(s)* / Company Stamp: _____ (As in Bank's record) *For thumbprint, please go to any branch of your bank with identification document for verification
My / Our Bank Account Number Current / Savings ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	

1) I/We hereby instruct you to process billing organisation's instructions to debit my/our account.
2) You are entitled to reject the billing organisation'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.
3) This authorisation will remain in force until terminated by your written notice sent to my/ours address last known to you or upon receipt of my/our written revocation through APSN.

PART II: FOR APSN'S COMPLETION

Bank	Branch	Bank Account No.
7 1 7 1	0 7 2	0 7 2 0 3 5 5 5 8 0

Billing Organisation's Customer Ref. No

Bank	Branch	Account No. To Be Debited

PART III: FOR FINANCIAL INSTITUTION'S COMPLETION

To: APSN LTD.

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

☐ Signature/Thumbprint* differs from financial institution's record

☐ Signature/Thumbprint* incomplete/unclear*

☐ Wrong account number

☐ Amendments not countersigned by donor

☐ Others: _____

*Please delete where inapplicable.

Name of Approving Officer:

Signature of Approving Officer:

Date: