GIRO APPLICATION FORM

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

PART I: FOR DONOR'S COMPLETION

ONE TIME DONATION

☐$1000 ☐$500 ☐$250 ☐$100 ☐$50 ☐ Other Amount _____

MONTHLY DONATION

☐$250 ☐$200 ☐$100 ☐$50 ☐$10 ☐ Other Amount _____

Date:	Name of Billing Organisation: **APSN LTD – Centre For Adult A/C 1**
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.
7171	072	072035580

Billing Organisation's Customer Ref. No

Bank	Branch	Account No. To Be Debited

PART III: FOR FINANCIAL INSTITUTION'S COMPLETION

To: APSN LTD – Centre For Adult A/C 1 11 Jalan Ubi #02-12 Singapore 409074

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:

NOTE: By submitting our donation forms, we have added you into our donor mailing lists for processing donations, donor relationship management, fund raising and communications. To opt out of receiving communication materials for our donors, kindly email partnerships@apsn.org.sg with the subject heading "Unsubscribe". By providing personal data on behalf of another individual (e.g. dependent, spouse, child, or parent), I warrant that I am legally authorised to do so and that the respective individuals have been informed and have consented to the collection, use, and disclosure of their personal data for the purposes stated herein. I confirm that the personal data provided is accurate and complete to the best of my knowledge. I understand that providing false or incomplete information may affect the processing of my request or service. By signing this form, I acknowledge that I have read and understood the Client Data Protection Notice made available to me at the time of collection. I consent to the collection, use, and disclosure of my personal data by APSN for the purposes stated in the Notice, in accordance with the Personal Data Protection Act 2012. I understand that I may withdraw my consent at any time by contacting the Data Protection Officer through the method specified in the Notice.