



Garden City Fund
 c/o National Parks Board
 Singapore Botanic Gardens,
 1 Cluny Road, Singapore 259569,
 Tel: (65) 6471 9969
 Telefax: (65) 64747074
 Email: garden_city_fund@nparks.gov.sg

APPLICATION FOR INTERBANK GIRO

PART 1: FOR DONOR'S COMPLETION

All outright donations will be tax deductible

Name: _____ Email Address: _____
Dr / Mr / Mrs / Ms / Mdm (USE BLOCK LETTER)

Address : _____ Name of Company _____

_____ Department: _____

_____ Postal Code _____ Sex: M / F Contact Nos: (H) _____ (O) _____

NRIC /FIN No: _____ Date Of Birth: _____ (Pgr) _____ (Hp) _____

For New Donors:
 I would like to make a monthly contribution of (✓) \$5 \$10 \$20 Others \$_____ (state amount)

I would like to make a one-time contribution of (✓) \$20 \$50 \$100 Others \$_____ (state amount)

For Existing Donors:
 I would like to increase my **total** monthly contribution to (✓) \$5 \$10 \$20 Others \$_____ (state amount)

<p>By GIRO</p> <p>Name Of Bank : _____</p> <p>Branch : _____</p> <p>Name(s) as in Bank Record :</p> <p>Bank Account Number :</p> <p>Name of Billing Organisation:</p>	<p>(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.</p> <p>(b) You are entitled to reject the BO'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.</p> <p>(c) This authorization 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 the BO.</p>	<p>_____</p> <p>Thumbprint(s) / Signature As in bank record</p> <p>_____</p> <p>Date</p>
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PART 2: FOR GARDEN CITY FUND COMPLETION

Bank	Branch	Garden City Fund Account No.	Garden City Fund Donor's Ref No.
7 1 7 1 0 0 3	0 0 3	0 0 3 9 0 0 7 2 2 1	

Bank	Branch	Account No. to be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: Garden City Fund. This application is hereby REJECTED (please ✓) for the following reason(s):

- This Application is hereby REJECTED (please tick) for the following reason(s):
- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Financial Institution's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint* incomplete/unclear* | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint* | <input type="checkbox"/> Others: _____ |

_____	_____	_____
Name of Approving Officer	Authorized Signature	Date

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