



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)

By GIRO

| | | |
|---|--|--|
| Name Of Bank : _____ Branch : _____ Name(s) as in Bank Record : _____ Bank Account Number : _____ Name of Billing Organisation: _____ | (a) I/We hereby instruct you to process the BO's instructions to debit my/our account. (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. (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. | _____ Thumbprint(s) / Signature As in bank record _____ Date |
|---|--|--|

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 | 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