

(c) This authorisation 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.



Yes, I am pleased to make a monthly contribution of the

APPLICATION FORM FOR INTERBANK GIRO PART 1: FOR APPLICANT'S COMPLETION		following amount: (please ✔)  □ \$5 □ \$10 □ \$20  □ \$30 □ \$50 Other amounts:
Date:	Name of Billing Organisation ("BO"): ANGULLIA MOSQUE	(Please indicate)
My/Our Bank:	Branch:	PART 2: FOR BILLING ORGANISATION'S COMPLETION
		Bank   Branch   Billing Organisation's Account Number
My/Our Account Number: My/Our NRIC:		Bank Branch Account Number To Be Debited
My/Our Name(s): My/Our Contact Number(s):		Billing Organisation's Customer Reference No.
		PART 3: FOR FINANCIAL INSTITUITION'S COMPLETION
My/Our Address:		To: Billing Organisation
My/Our Company Stamp/Signature(s)/ Thumbprint(s)*: (as in Financial Instituition's records)		This Application is hereby REJECTED (please tick) for the following reason(s):  Signature/Thumbprint# differs from Financial Instituition's records  Signature/Thumbprint# incomplete/unclear#  Account operated by signature/thumbprint#  Wrong account number  Amendments not countersigned by customer  Others:
(a) I/We hereby ins my/our account.	struct you to process the BO's instructions to debit	
(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.		Name of Approving Officer Authorised Signature Date  *For thumbprints, please go to the branch with your identification.  # Please delete where inapplicable



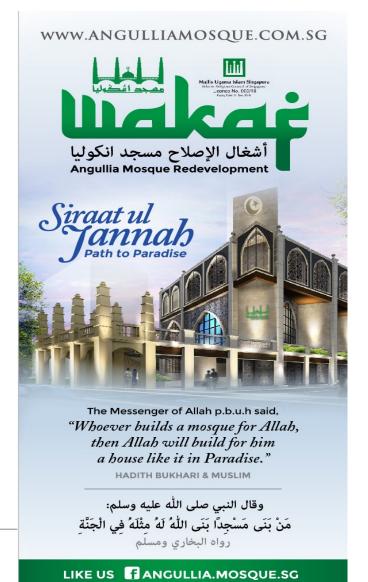
265 SERANGOON ROAD SINGAPORE 218099

SINGAPORE

ANGULLIA MOSQUE

**BUSINESS REPLY SERVICE PERMIT NO. 09348** 

Postage will be paid by addressee. For posting in Singapore only.



265 Serangoon Road, Singapore 218099 Tel: 6295 1478