

# APPLICATION FORM FOR INTERBANK GIRO DONATION TO THE BUDDHIST LIBRARY

The Buddhist Library is a unit of the Buddhist Research Society



## PART 1 : FOR APPLICANT'S COMPLETION ( fill in the spaces indicated with ✓ )

Date: \_\_\_\_\_ Name of Billing Organisation ("BO"): **Buddhist Research Society**

To: Name of Financial Institution \_\_\_\_\_ Member's Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Limit for Each Deduction: \_\_\_\_\_ NRIC Number: \_\_\_\_\_

- (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.

My/Our Name(s): \_\_\_\_\_ My/Our Contact (Tel/Fax) Number(s): \_\_\_\_\_

My/Our Account Number: \_\_\_\_\_ My/Our Signature(s) / Thumbprint(s)\*: \_\_\_\_\_

( As in Financial Institution's records )

## PART 2: FOR BUDDHIST LIBRARY'S COMPLETION

Bank	Br	Buddhist Research Society Fund	Donor's Reference No.
7 1 7 1 0 0 1 0 0 1 0 1 9 3 7 8 3			
Bank	Br	Account to be Debited	Limit for Each Deduction
			\$ _____ .00

## PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: **Buddhist Research Society**

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

- Signature / Thumbprint# differs from Financial Institution's records  
 Signature / Thumbprint# incomplete / unclear#  
 Account operated by signature / Thumbprint#
- Wrong Account Number  
 Amendments not countersigned by customer  
 Others: \_\_\_\_\_

Name of Approving Officer \_\_\_\_\_ Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

\* For thumbprints, please go to the branch with your identification

# Please delete where applicable

## PART 4: APPLICANT'S ADDRESS (FOR APPLICANT'S COMPLETION)

Address: \_\_\_\_\_

Email (if any): \_\_\_\_\_

Please return this form by post to : **The Buddhist Library . 2 Lorong 24A Geylang . Singapore 398526**