

<b>BEYOND</b> social services Application Form for Interbank GIRO							
		MONTHLY	CONTRIBUTI	<b>DN</b> (Please in	dicate amount)		
Amount:	□\$10	□\$50	□\$100	□\$500	□Other \$ <i>Min. \$5 for</i>	donations	
			DONO	R DETAILS			
Your donation is eligible for tax deduction of 2.5 times the amount donated. Please complete these mandatory fields if you wish to receive tax deduction.							
Salutation: Mr / Ms / Mrs / Mdm / Dr / Prof (Please circle)							
Name (as in bank records):							
*NRIC No. / FIN / UEN :							
Email:							
Contact Number:					I do not wish to be added to the mailing		
Mailing Address:					list and receive updates from Beyond		
					I do not wish to be acknowledged in Beyond's Annual Report for my donation.		
				I do not require an official receipt from Beyond for my donation.			
* Donations qualify for 2.5 times tax deduction. Please indicate your NRIC/FIN/UEN number so that your donation will automatic ally be included in your tax assessment by IRAS. Please fill out your complete particulars to facilitate the auto-inclusion.							
By filling in this form, you have consented to us collecting the information for the purpose of tax deduction. We will protect your Personal Data in our possession or under our control by making reasonable security arrangements to prevent unauthorized access, collection, use, disclosure, copying, modification, disposal or similar risks. We will take suitable steps to ensure the information is accurate, up to date and kept only for so long as necessary for the purposes for which it is intended/used.							
_			FOR OFFIC	CIAL USE ONL	Y		
Donor (Signature)		Partnership Name & Signat	ture	Donation Ol Name & Sign		Finance OIC Name & Signature	
FOR DONOR'S COMPLETION							
Date:				lame of Billing Organisation			
Date:				Beyond So	cial Services		
Name of Bank:				<ol> <li>I/We hereby instruct you to process Beyond Social Services' instructions to debit my/our account</li> <li>You are entitled to reject Beyond Social Services' debit instructions if my/our account does not have the sufficient funds and charge me/us a fee for this. You may also at your own discretion allow the debit even if</li> </ol>			
Branch: Bank Account Number:				<ul> <li>this results in an overdraft on the account and impose charges accordingly.</li> <li>3. The authorization will remain in force until it is terminated by my/our written notice sent to Beyond Social Services at the stated address.</li> </ul>			
вапк Account Nu	mber:						
				My signature / Thumb print: (As in bank's record. For thumb prints, please go to the bank.)			

## For Bank's Official Use Only

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Ofhers:\_

Signature/Thumbprint differs from Financial

Name & Authorised Signature of Approving Officer:

Amendments not countersigned by customer

www.beyond.org.sg

mail@beyond.org.sg

support and resources that enable families to care for themselves and each other. We adopt an asset-based community development approach and seek to provide

Singapore where low-income individuals, families and communities can marshal Beyond Social Services is a community development agency that envisions a

goodwill across society to live purposeful, satisfying, and hopeful lives.

**BUSINESS REPLY SERVICE PERMIT NO. 07355** 

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**BEYOND SOCIAL SERVICES** Block 26, Jalan Klinik #01-42/52 Singapore 160026

Donor's Reference No.

Branch

Branch

For Official Use by Beyond Social Services

Account No. to be Debited

Beyond's Bank Account No.

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Bank

Bank

Beyond Social Services is located at

Blk 26 Jalan Klinik, #01-42/52, Singapore 160026

Tel: 63752940

social services BEYOND

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

Account operated by signature/thumbprint

Institution's records

Signature/Thumbprint incomplete/unclear

Wrong account number