

Application Form for Interbank GIRO

MONTHLY CONTRIBUTION (Please indicate amount)

Amount: ☐ \$10 ☐ \$50 ☐ \$100 ☐ \$500 ☐ Other \$ _____
Min. \$5 for donations

DONOR 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: _____

Mailing Address: _____

- ☐ I do not wish to be added to the mailing 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 automatically 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 OFFICIAL USE ONLY

Donor (Signature)	Partnership Name & Signature	Donation OIC Name & Signature	Finance OIC Name & Signature
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FOR DONOR'S COMPLETION

Date: _____

Name of Bank: _____

Branch: _____

Bank Account Number: _____

Name of Billing Organisation

Beyond Social Services

- I/We hereby instruct you to process Beyond Social Services' instructions to debit my/our account
- 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 this results in an overdraft on the account and impose charges accordingly.
- The authorization will remain in force until it is terminated by my/our written notice sent to Beyond Social Services at the stated address.

My signature / Thumb print:

(As in bank's record. For thumb prints, please go to the bank.)

For Official Use by Beyond Social Services

Institution's records

Institution's records

Account operated by signature/thumbprint

☐ Amendments not countersigned by customer

Others: ☐

Date: _____

Date:

Beyond Social Services is located at
Blk 26 Jalan Klinik, #01-42/52, Singapore 160026
Tel: 63752940 | mail@beyond.org.sg |

Age Group	Percentage
18-24	~15%
25-34	~25%
35-44	~15%
45-54	~10%
55-64	~10%
65-74	~15%
75-84	~20%
85-94	~20%
95+	~15%

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

Donor's Reference No.							

[illegible]

Bank	7	1	7	1	0	9	8	0	9	8	0	0	2	7	6	8	-	8
Branch	Beyond's Bank Account No.																	