



AMP GENERAL DONATION – GIRO FORM

APPLICATION FOR INTERBANK GIRO

Donor's Name :		Gender :	Male / Female
Name of My Bank / Our Bank (POSB / DBS / Others) :		My / Our Account No. :	
My / Our Name (s) as in Bank's Records :	1)	2)	
My / Our Address :	Postal Code :		
Home Tel :	Office Tel :	Mobile :	Email:
My / Our NRIC No. :	1)	2)	

- 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 the 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 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.

My / Our Signature / Thumbprint :

DECLARATION

I hereby authorise the Association of Muslim Professionals (AMP) to debit the following amount every month from my account.

Please tick accordingly:

- \$10 mthly
 \$20 mthly
 \$50 mthly
 Others: \$ _____

Applicant's Name :	
Signature / Date :	

FOR OFFICIAL USE ONLY

Attention to: FUND RAISING DEPARTMENT, AMP@PASIR RIS, 1 PASIR RIS DRIVE 4, #05-11, SINGAPORE 519457

AMP's Bank		Bank Branch			Account Number											
7	3	7	5	0	2	5	1	2	5	3	0	4	5	1	5	4
Bank/Finance Co.		Branch			A/C No. To Be Debited											
Reference No:																
G	D															

Name of Approving Officer /
Authorised Signature / Date

Attn: to: Bank/Finance Company/
NO payment limit applicable

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

- | | |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Bank/Finance Co. 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: _____ |
- * Delete where applicable

Please complete and mail this form to:
 ATTN: FUND RAISING DEPARTMENT
 AMP SINGAPORE
 1 PASIR RIS DRIVE 4 #05-11
 SINGAPORE 519457

Thank you for your generous support!

You hereby consent to the collection and use of information relating to you. It will be used to enable us to effectively provide you with updates on our services such as our fund raising or donation marketing initiatives and the sending of our publications. All information will be stored and used in accordance with our Data Privacy Policy and the Personal Data Protection Act (2014).