



## READY FOR SCHOOL FUND (RFS) – 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 NRIC No. :		1)		2)	
My / Our Address :			Postal Code :		
Home Tel :	Office Tel :	Mobile :	Email:		

- 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 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(s) / Thumbprint(s) :

### DECLARATION

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

Please tick accordingly:

- \$10 monthly  
  \$20 monthly  
  \$50 monthly  
  Others: \$ \_\_\_\_\_  
 (please specify amount)

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:																	
R	S																

Name of Approving Officer /  
Authorised Signature / Date

Attn: 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/thumbprints*                  | <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!