

## READY FOR SCHOOL FUND (RFS)

### 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								

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

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Bank/Finance Co. records<br><br><input type="checkbox"/> Signature/Thumbprint* incomplete/unclear*<br><br><input type="checkbox"/> Account operated by signature/thumbprints* | <input type="checkbox"/> Wrong account number<br><br><input type="checkbox"/> Amendments not countersigned by customer<br><br><input type="checkbox"/> Others: _____<br>* Delete where applicable |
|---|---|

Name of Approving Officer /  
Authorised Signature / Date

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

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

Thank you for your  
generous support!