



佛教慈濟慈善事業基金會(新加坡)

BUDDHIST COMPASSION RELIEF TZU-CHI FOUNDATION (SINGAPORE)

UEN: S93SS0148C | GST Reg No: M90370015A

9 Elias Road Singapore 519937

+65 6582 9958

info@tzuchi.org.sg

www.tzuchi.org.sg

* Mandatory Field

TCGIRO-202212

Donor's Personal Particulars

Name (Mr/Ms/Company)*

姓名(中文)

NRIC/FIN

UEN

Contact No.*

(Donor is required to provide Tax Reference Number (NRIC/FIN/UEN) for Tax Deduction Donation)

Email Address*

I would like to make monthly donation of * \$5 \$10 \$50 \$100 Other amount:

(Minimum amount: S\$5)

to **Buddhist Compassion Relief Tzu-Chi Foundation (Singapore)**

Signature*

Date (DD-MM-YYYY)*

劝募员姓名:

劝募编号:

Volunteer's Name

Volunteer's ID

SG00

We collect, manage and retain your personal data for the following purposes: verify your identity; administer your donation including the issuance of donation receipts and submission of tax-deductible donation details to IRAS; respond to your enquiries and feedback; and maintain our donors database and perform financial and donors analysis.

I consent to allow Buddhist Compassion Relief Tzu-Chi Foundation (Singapore) to provide updates on its fundraising events, other programmes, activities and news to me.

For more information on how we manage your personal data and your rights to your personal data, kindly refer to our official website for the Data Protection Notice:

<https://www.tzuchi.org.sg/en/data-protection-notice-for-donors>

INTERBANK GIRO APPLICATION FORM

Name of Bank*

Contact No.*

Name*

(as in Bank's record)

Bank Account No.*

Payment Limit (Maximum amount to be deducted per transaction)* :S\$

Name of Billing Organisation (BO): **Buddhist Compassion Relief Tzu-Chi Foundation (Singapore)**

- (a) I/We hereby instruct you to process the BO's instruction 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 overdraft on the account and impose charges accordingly.
(c) This authorization will remain in force until terminated by your written revocation through the BO.

Signature/Thumbprint*

Date (DD-MM-YYYY)*

(as in Bank's record) For thumbprints, please go to the branch with your identification.

Part 2: For Billing Organisation's (BO) Completion

For TZU CHI Official use only

BO's Swift BIC

BO's Account No.

Swift BIC

Account No. to be debited

BO's Ref No.

Part 3: For Bank/Finance Company's Completion

To: **Buddhist Compassion Relief Tzu-Chi Foundation (Singapore)**

No. 9 Elias Road, Singapore 519937

Attn: **Interbank GIRO Services Tel: 65829958 Ext 299**

This application is hereby REJECTED for the following reason(s):

- Signature/ Thumbprint differs from Bank records
 Signature/ Thumbprint incomplete/ unclear
 Account operated by signature/ Thumbprint
 Wrong account number
 Amendments not countersigned by customer
 Others :

Name of Approving Officer

Authorised Signature

Date (DD-MM-YYYY)