

Individual Corporate
Name Dr/Mr/Mrs/Miss/Mdm (Underline surname) _____

NRIC/FIN No _____ Email _____

Address _____
Postal Code _____

Tel _____ (H) _____ (HP)

For individuals, please state your NRIC/FIN number so that the donation can be automatically included in your tax assessment.

Yes, I want to help save more lives with a One-Time/ Monthly gift of:

\$200 \$100 \$50 \$20

Other Amounts _____

For monthly donations, receipts will be sent on an annual basis.

I have enclosed a cheque/money order made payable to
"Kidney Dialysis Foundation Ltd"

Bank/Cheque No. _____

I have filled in the GIRO form as attached.

Remarks: _____

Please charge to my Credit Card

Visa Master Card Amex Diners

Card No. _____ Exp Date _____
MM/YY

CVV2 (For Diners only) _____

Signature

APPLICATION FORM FOR INTERBANK GIRO

Date _____

Name of Bank _____

Branch _____

Name(s) as in Bank's Record _____

Bank Account No. _____

Donor's IC/Passport No. _____

Contact Nos. (Tel/Fax) _____

Name of Billing Organisation **Kidney Dialysis Foundation Ltd**

- a. I/We hereby instruct you to process the Kidney Dialysis Foundation's instructions to debit my/our account
- b. You are entitled to reject the Kidney Dialysis Foundation's debit instructions 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 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 Kidney Dialysis Foundation.

Signature(s)/Thumbprint(s) as in Bank's record _____

For KDF's Official Use Only

Bank _____ Branch _____ KDF's Account No. _____
7 3 7 5 0 6 0 2 1 0 3 0 5 1 7 0 5

Bank _____ Branch _____ Account No. to be Debited _____

KDF's Donor Ref. No. _____

Limit of Each Payment (Exclude Cents) _____

For Bank's Official Use Only

To: Kidney Dialysis Foundation

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 _____