

INTERBANK GRIO APPLICATION FORM

Please complete PART 1 of this form and return to the Brahm Centre

Part 1: For Applicant's Completion (fill in the spaces indicated with a)	
Date:	Name of Billing Organisation ('BO'): Brahm Centre Ltd
To: Name of Bank:	Donor's Name:
Branch:	NRIC No.(For tax deduction by IRAS):

I would like to make a monthly donation of:

S\$200
 S\$100
 S\$50
 S\$25
 S\$10
 Other Amount: \$ _____

To support the wellbeing programs and the running costs of the centre.

- a) I/We hereby instruct you to process the BO's instructions to my/our account
- b) You are entitled to reject the BO's debit instruction if my/our account do/ 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/your address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s) (Account Holder's Name): _____ My/Our Contact Tel/Fax/Mobile number(s)/ E-mail address: _____

My/Our Bank Account No: _____ My/Our Company Stamp/Signature(s)/Thumbprints(s): _____

(As in Bank/Finance Institution's Records)

Note: For Thumbprints, please go to branch with your identification

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7 3 7 5	0 0 1	1 0 1 3 3 1 1 5 2 3

BO's

Bank	Branch	Account No to be debited

Part 3: For Bank/Finance Company's Completion

To: Billing Organisation Address, Tel etc

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

- | | |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank's/Finance Co's records
<input type="checkbox"/> Signature/Thumbprint # incomplete/unclear #
<input type="checkbox"/> Account operated by signature | <input type="checkbox"/> Wrong account number
<input type="checkbox"/> Amendments not countersigned by customers
<input type="checkbox"/> Others: _____ |
|--|---|

Name Of Approving Office
Please delete where inapplicable

Authorised Signature

Date