



Cheng Hong Welfare Service Society

众弘福利协会

Donation/GIRO Application Form

捐款/财路捐款申请表格

Donor's Particulars 捐款者资料

Please Tick 请打勾*:

<input type="checkbox"/>	Individual 个人
<input type="checkbox"/>	Corporate/Organisation 公司/机构

Name 姓名*:	
Salutation 名称*:	
NRIC/FIN/UEN* 身份证/公司 机构注册号码:	
Address* 地址:	
Postal Code 邮区*:	
Contact Number* 联络号码:	
Email Address 电邮地址:	

Service/s Supported 赞助服务

Please Tick 请打勾*:

<input type="checkbox"/>	TCM Service 中医服务
<input type="checkbox"/>	Afterlife Memorial Service 后事服务
<input type="checkbox"/>	Others, Please State: 其他, 请列明:

Please mail the completed form to 请将完成表格邮寄至:

Blk 12 Eunos Crescent #01-2767 Singapore 400012

* Required fields 必填字段

Please allow 4-6 weeks for processing.

请允许 4-6 周的处理时间。

I would like to support the beneficiaries with a:
本人/机构愿意以以下的方式持贵慈善机构的受益者*:

<input type="checkbox"/>	MONTHLY DONATION 按月捐款
<input type="checkbox"/>	ONE-TIME DONATION 一次性捐款

Please tick the amount 请选择数额*:

<input type="checkbox"/>	\$300		<input type="checkbox"/>	\$50
<input type="checkbox"/>	\$200		<input type="checkbox"/>	Others, Please State: 其他数额, 请列明:
<input type="checkbox"/>	\$100		<input type="checkbox"/>	

Please Tick 请打勾*:

<input type="checkbox"/>	I have enclosed a cheque, made payable to "Cheng Hong Welfare Service Society" 本人/机构附上划线支票/汇票, 支付给 "Cheng Hong Welfare Service Society"
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Bank/Cheque No. 银行/支票, 汇票号码:

OR 或,

<input type="checkbox"/>	I have filled up the GIRO form as per below. 本人/机构已填写了以下的财路申请表格。
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APPLICATION FORM FOR INTERBANK GIRO

财路申请表格

Name of Bank* 所属银行:	
Branch* 分行:	
Name per Bank Records* 户口持有人姓名:	
Bank Account No.* 户口号码:	
NRIC/Passport No.* 户口持有人身份证/护照号码:	
Name of Billing Organisation 支付机构:	CHENG HONG WELFARE SERVICE SOCIETY

- A. We hereby instruct you to process Cheng Hong Welfare Service Society's instructions to debit my/our account.
- B. You are entitled to reject Cheng Hong Welfare Service Society's debit instructions if my/our account does not have sufficient funds

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 Cheng Hong Welfare Service Society.

Signature(s)/Thumbprint(s) per Bank's Record*
户口签名/拇指印:

For CHWSS' Official Use

Bank

Branch

CHWSS Bank Account Number

CHWSS Donor's Reference No.

Limit of Each Payment (excludes cents)

For Bank's Official Use Only:

To: Cheng Hong Welfare Service Society

This application is hereby rejected for the following reason/s (please tick to indicate)

<input type="checkbox"/>	Signature/Thumbprint differs from Bank Records
<input type="checkbox"/>	Signature/Thumbprint incomplete/unclear
<input type="checkbox"/>	Account operated by signature/thumbprint
<input type="checkbox"/>	Wrong Account Number
<input type="checkbox"/>	Amendments not countersigned by donor
<input type="checkbox"/>	Others:

Name of Bank Officer: _____

Authorised Signature: _____

Date: _____