



I WOULD LIKE TO CONTRIBUTE!

Please submit original document to Care Corner Singapore Ltd

8 New Industrial Road #06-03 LHK3 Building Singapore 536200

☎ 6250 6813 x 120 | 📠 6288 6833 | 🌐 www.carecorner.org.sg | ✉ partner.us@carecorner.org.sg

PART 1 : DONOR PARTICULARS

Full Name/ Company (Mr/Ms/Mrs/Dr):		NRIC/FIN/UEN: (Required for tax-deduction)	
Address:		Contact details	
		Mobile:	
		Home/Office:	
Postal Code:		Email:	

PART 2 : DONATION

Amount

- \$10 \$500
 \$20 \$1000
 \$50 Other Amount (please specify)
 \$100 \$ _____

Frequency

- One-time donation (through cheque or online only)
 Monthly donation (through GIRO)
(You may email partner.us@carecorner.org.sg at any time to change or discontinue your donation)

Mode of Donation

- Cheque No.: _____
(Crossed and in favour of "Care Corner Singapore Ltd")
 GIRO
 Credit/Debit card/eNets (Online via Giving.sg)
(www.giving.sg/care-corner-singapore-ltd)

Contribute towards

- Care Corner Singapore Ltd in support of
 [Counselling Centre](#)
 [Children Services](#)
 [Youth Services](#)
 Bursary
 General Fund

IMPORTANT NOTE

1. Only donations \$10 and above will be eligible for 250% tax-deduction on the donated sum
2. Kindly have the above details filled so that we may contact you should the need arise

In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to Care Corner Singapore Ltd to collect my personal data and contact information (as declared) and the data collected may be used and disclosed for the purposes of issuing tax exempt receipts, mailing of receipts/thank you cards/letters, and other related donor engagement activities. I am aware that I can withdraw this consent by emailing to partner.us@carecorner.org.sg.



APPLICATION FOR INTERBANK GIRO

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PART 1 : FOR APPLICANT'S COMPLETION (Please fill in all the fields. Incomplete forms may not be processed)

Date:		Name of Billing Organisation ("BO"): Care Corner Singapore Ltd
To: (Name of Bank)		Applicant's Name:
		NRIC/FIN/UEN: (Billing Organisation's Customer Reference Number)

- a. I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- b. The Bank is 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. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c. This authorization will remain in force until
 - (i) the Bank's written notice sent to my/our address last known to the Bank;
 - (ii) upon the Bank's receipt of my/our written revocation; or
 - (iii) upon the Bank's receipt of the notice of expiry from the BO.

(As in bank account)	(As per bank's record)
My/Our Name(s):	My/Our Contact Number(s):
My/Our Bank Account No.:	My/Our Company Stamp/Signature(s) /Thumbprint(s)*:

* For thumbprints, please go to the branch with your identification)

PART 2 : FOR CARE CORNER SINGAPORE LTD'S (BILLING ORGANISATION'S) COMPLETION

SWIFT BIC	Care Corner Singapore Ltd's Account No.	Care Corner Singapore Ltd's Customer Reference No.
OCBCSGSGXXX	501-859458-001	
SWIFT BIC	Account No. To Be Debited	

PART 3 : FOR BANK'S COMPLETION

To: Care Corner Singapore Ltd

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

- Signature/thumbprint# differs from Financial Institution's 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
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