**Interbank GIRO Application Form (Monthly Infaq)**

 **AL-IMAN MOSQUE**

**NO. 10 BUKIT PANJANG RING ROAD, SINGAPORE 679943**

**Tel: 6769 0770 Fax: 67698970**

 *Please complete PART 1 of this form and return to the Billing Organisation*

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| **PART 1: FOR APPLICANT’S COMPLETION (fill in the spaces indicated with ✓)** |

To: Name of Bank Name of Billing organisation

✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MASJID AL-IMAN.**
Branch Applicant’s Name (As in NRIC/FIN#)

✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Applicant’s Address Applicant’s NRIC/FIN Number

✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact (Tel/Fax) Number (s)
✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Email Address

My/Our Monthly Deduction ✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Total or Limit of Each Payment on S$ (tick amount) On behalf of

✓❒**$50** ❒**$100** ❒**$200** ❒**$300** ❒More than $300/-, please specify
 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I/We hereby instruct you to process Masjid Al-Iman’s instructions to debit my/our account. \*\*
2. You are entitled to reject Masjid Al-Iman’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 an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until terminated by your writer notice sent to my / our address last known to you or upon receipt of my / our written revocation through Masjid Al-Iman

Name(s) of Account Holder Applicant’s Signature(s)/Thumbprint(s)#

✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (As in bank Record)\*

Bank Account Number Date

✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ✓\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART 2 : FOR BILLING ORGANISATION’S COMPLETION** |

|  |  |  |
| --- | --- | --- |
| BANK | BRANCH | MASJID AL-IMAN’S ACCOUNT |
| **7** | **3** | **3** | **9** | **5** | **4** | **5** | **7** | **0** | **6** | **7** | **5** | **6** | **0** | **0** | **1** |

|  |
| --- |
| APPLICANT’S REFERENCE NO. |
| **D** | **O** | **N** |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| BANK | BRANCH | ACCOUNT TO BE DEBITED |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PART 3 : FOR BANK / FINANCE COMPANY’S COMPLETION** |

To:

Masjid Al-Iman
10 Bukit Panjang Ring Road
Singapore 679943

This Application is hereby REJECTED (please tick the following reason(s)):
❒ Signature / Thumbprint# differs from Bank’s records ❒ Wrong account number
❒ Signature / Thumbprint# incomplete / unclear# ❒ Amendments not countersigned by customer
❒ Account operated by signature / thumbprint# ❒ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
NAME OF APPROVING OFFICER AUTHORISED SIGNATURE DATE

\*For thumbprints, please go to the branch with your identification.
\*\*This application form applies to all instructions, whether existing or hereinafter, including but not limited to dates and amounts of deduction from my / our account, to Masjid Al-Iman by the Applicant Via vPost
# Please delete where inapplicable

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