

APPLICATION FORM

PERSONAL PARTICULARS

NAME: (DR/MR/MISS/MDM) _____ NRIC/FIN NO: _____
 CONTACT NO: (H) _____ (O) _____ (HP) _____
 EMAIL ADD: _____
 ADDRESS: _____
 _____ (S)

APPLICATION OF INTERBANK GIRO (MONTHLY CONTRIBUTION)

S\$20 S\$30 S\$50 S\$100 OTHERS S\$ _____

BANK ACCOUNT DETAILS

NAME OF BANK & BRANCH: _____
 MY/ OUR NAME(S) AS IN BANK ACCOUNT: _____
 MY/ OUR ACCOUNT NO.: _____

CREDIT CARD DETAILS

NAME ON CARD: _____
 CARD TYPE: _____
 CARD NUMBER: _____ CVC: _____
 EXPIRY DATE: _____

- I/We hereby instruct you to process Operation Renewal's instruction to debit my/our account.
- You are entitled to reject Operation Renewal'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.
- This authorization will remain in force until terminated by your written notice sent to my/ our address last shown to you or upon receipt of my/ our written revocation through Operation Renewal.
- It is Operation Renewal's responsibility to inform banks upon the expiry of this authorization and to ensure that no deductions are made thereafter.

My/Our Signature(s)/Thumbprints/Company Stamp _____ Date _____

For Operation Renewal Use Only

Name of Party to be credited:

Operation Renewal (Singapore)

OCBC CURRENT ACCOUNT

Operation Renewal (Singapore) Account no.
 5 9 1 - 8 7 3 0 2 1 - 0 0 1

Donor's Reference No.:

For Bank Use Only

TO: Operation Renewal (Singapore)

98 Highland Road, Singapore 549174

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

- | | |
|--|---|
| <input type="checkbox"/> Signature/ Thumbprint differs from financial institution's record | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/ Thumbprint is incomplete/ unclear | <input type="checkbox"/> Amendments not countersign by customer |
| <input type="checkbox"/> Account operated by signature/ thumbprint | <input type="checkbox"/> others: _____ |

Signature & Name of Approving Officer _____ Date _____