

To be an available lifeline to anyone in crisis

GIRO DONATION FORM

Samaritans of Singapore Limited (SOS) is grateful for your kind donation in support of our services.

Please send the completed form to:

Samaritans of Singapore Limited
10 Cantonment Close
#01-01 Singapore 080010
(Attn: Finance Department)

DONOR PARTICULARS			
(Dr / Mr / Ms / Mr) Full Name/ Company		NRIC/ FIN / UEN (Required for tax deduction)	
Address & Postal Code		Mobile No:	
		Home/office No:	
		Email Address:	
MY PARTICIPATION			
Donation Amount			
<input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Others _____			
Donation Duration			
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Others _____			

All funds donated will be dedicated towards SOS' enhancement and expansion of services and infrastructure.

Please indicate your preference to be acknowledged in SOS's publication.

Yes No

In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to Samaritans of Singapore (SOS) 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 SOS at giving@sos.org.sg

Signature/Company Stamp

Date

All eligible donations will be entitled to a 250% tax deduction, and details will be submitted to Inland Revenue Authority of Singapore (IRAS) automatically if tax reference (NRIC No./FIN/UEN) is provided. As such, SOS will not issue a separate receipt for your donation, unless upon request.

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INTERBANK GIRO APPLICATION FORM

PART 1: FOR APPLICANT'S COMPLETION	
<i>(Please fill in all the fields. Incomplete forms may not be processed)</i>	
Date (DD/MM/YYYY):	Name of Billing Organisation ("BO"): Samaritans Of Singapore Limited
To: (Name of Bank)	Billing Organisation's Customer Reference Number:
Branch:	(Please indicate NRIC/FIN/UEN)
(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:
My/Our Account Number:	My/Our Company Stamp/Signature(s)/Thumbprint*(s) <i>* For thumbprints, please go to the branch with your identification</i>

PART 2: FOR BILLING ORGANISATION'S COMPLETION		
SWIFT BIC: DBSSSGSG	Billing Organisation's Account No.: 072-919499-8	Billing Organisation's Customer Ref No.:
SWIFT BIC:	Account No. To Be Debited:	

PART 3: FOR BANK'S COMPLETION			
To: Samaritans of Singapore Limited (SOS)			
This application is hereby REJECTED (please tick) for the following reason(s):			
<input type="checkbox"/>	Signature/Thumbprint differs from bank's records	<input type="checkbox"/>	Wrong account number
<input type="checkbox"/>	Signature/Thumbprint incomplete/unclear	<input type="checkbox"/>	Amendments not countersigned by customer
<input type="checkbox"/>	Account operated by signature/thumbprint	<input type="checkbox"/>	Others:

Name of Approving officer

Authorised Signature

Date (DD/MM/YYYY)