

Your donation will be eligible for double tax exemption.



**ACRES MONTHLY DONATION FORM  
"PLEASE HELP US TO HELP SUFFERING ANIMALS"**

**Part 1: For applicant's completion (complete space indicated with ✓)**

**APPLICATION FORM FOR INTERBANK GIRO**

✓ Date of Application: \_\_\_ / \_\_\_ / 20\_\_\_  
Day/ Month/Year

Name of Billing Organization ("BO"):  
**ANIMAL CONCERNS RESEARCH & EDUCATION SOCIETY**

✓ To: Name of Applicant's bank: \_\_\_\_\_ ✓ Branch: \_\_\_\_\_

I wish to make monthly Interbank GIRO contributions in the amount indicated with tick (✓)

✓  \$100  \$80  \$60  \$40  \$20  Other Amount (please indicate) \$ \_\_\_\_\_

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) You are entitled to reject the BO's debit instructions 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.
- (c) This authorization 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 the BO.

Applicant's Name as shown in Bank records ✓ \_\_\_\_\_  
(please underline surname)

Applicant's Bank Account Number ✓ \_\_\_\_\_ Applicant's NRIC/FIN/Passport No. ✓ \_\_\_\_\_  
*(Please note that by supplying your full name and correct NRIC/FIN number you will receive automatic tax relief benefits from IRAS)*

Applicant's Address: ✓ \_\_\_\_\_

Applicant's Contact Numbers ✓ \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

Applicant's Email Address ✓ \_\_\_\_\_ Date of Birth ✓ \_\_\_\_\_

✓ \_\_\_\_\_ Date ✓ \_\_\_ / \_\_\_ / \_\_\_  
My/Our Signature / \*Thumbprint Day/month/year

\* for thumbprints, please go to the branch with your identification

**Part 2: For Billing Organization's Completion**

Bank	Branch	B.O.'s Account No.													
7	3	3	9	5	2	2	0	9	6	1	2	2	0	0	1

Bank	Branch	Applicant's Account No. to be debited													

Applicant's Membership No.									

**Part 3: For Financial Institution's Completion**

**TO: ANIMAL CONCERNS RESEARCH & EDUCATION SOCIETY**

This Application is hereby REJECTED (please tick) FOR THE FOLLOWING REASON(S): \*delete where applicable

- 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: \_\_\_\_\_ Bank's Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send application form back to: ACRES: 91 Jalan Lekar Singapore 698917