



ADOPT A FAMILY & YOUTH SCHEME (AFYS) ADOPTION – GIRO FORM

APPLICATION FOR INTERBANK GIRO

Donor's Name :				Gender :	Male / Female
Name of My Bank / Our Bank (POSB / DBS / Others) :			My / Our Account No. :		
My / Our Name (s) as in Bank's Records :		1)			2)
My / Our NRIC No. :		1)			2)
My / Our Address :				Postal Code :	
Home Tel :		Office Tel :		Mobile :	
				Email:	

- 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 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.
- c) This authorisation 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.

My / Our Signature(s) / Thumbprint(s) :

DECLARATION

I hereby authorise the Association of Muslim Professionals (AMP) to debit the following amount every month from my account.

Please tick the number of families you would like to adopt.

- 1 family - \$25 2 families - \$50 5 families - \$125 Others: \$ _____ (please specify)

Applicant's Name :	
Signature / Date :	

FOR OFFICIAL USE ONLY

Attention to: FUND RAISING DEPARTMENT, AMP@PASIR RIS, 1 PASIR RIS DRIVE 4, #05-11, SINGAPORE 519457

AMP's Bank				Bank Branch			Account Number									
7	3	7	5	0	2	5	1	2	5	3	0	4	5	1	5	4

Bank/Finance Co.		Branch			A/C No. To Be Debited											

Reference No:										
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This Application is hereby REJECTED (please tick) for the following reason (s):

- | | |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint* differs from Bank/Finance Co. 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/thumbprints* | <input type="checkbox"/> Others: _____ |
- * Delete where applicable

Name of Approving Officer / Authorised Signature / Date

Attn: Bank/Finance Company
NO payment limit applicable

Thank you for your generous support!

Please complete and mail this form to:
ATTN: FUND RAISING DEPARTMENT
ASSOCIATION OF MUSLIM PROFESSIONALS
1 PASIR RIS DRIVE 4 #05-11
SINGAPORE 519457