



Muslim Missionary Society Singapore (JAMIYAH SINGAPORE)

No. 31 Lorong 12 Geylang, Singapore 399006 Tel: 6743 1211 Fax: 6745 0610

Email: info@jamiyah.org.sg http://www.jamiyah.org.sg

Muslim Missionary Society Singapore
(JAMIYAH SINGAPORE)

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

Part 1: For Applicant's Completion (fill in the spaces indicated with ✓ IN BLOCK LETTERS)

✓ Date:	✓ Name of Billing Organisation ("BO"): JAMIYAH SINGAPORE
✓ Name of Bank / Finance Company:	✓ Applicant's Name:
✓ Branch:	✓ NRIC No:
✓ Inception Date:	✓ Address:
✓ Amount to be Deducted: <input type="checkbox"/> S\$3 <input type="checkbox"/> S\$5 <input type="checkbox"/> S\$10 <input type="checkbox"/> S\$_____	✓ Transaction Type: New Deduction / Changes for amount to be deducted

- (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 so doing. 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 Name(s):

My/Our Contact Tel/Fax/Handphone/Pager No(s):

My/Our Account No:

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

(As in Bank/Finance Company's records)

* For thumbprints, please go to branch with your identification

Part 2: For Billing Organisation's Completion

Bank	Branch	BO's Account No
7 3 7 5	0 0 6	1 0 6 3 0 9 9 3 0 4

Applicant's NRIC No.

Bank	Branch	Account No. to be debited

Part 3: For Bank/Finance Company's Completion

To: (Name & Address of BO)

Jamiyah Singapore
31 Lorong 12 Geylang
Singapore 399006

This application is hereby REJECTED (please tick) for following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank/Finance Co'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

Please delete where inapplicable.