



Muslim Missionary Society Singapore (JAMIYAH SINGAPORE)

No. 31 Lorong 12 Geylang, Singapore 399006 | Tel: (65) 67431211 | Fax: (65) 67450610

Website: www.jamiyah.org.sg | Email: info@jamiyah.org.sg | Giro DID: (65) 67440150

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 Biling Organisation ("BO"): JAMIYAH SINGAPORE
✓ Name of Bank / Finance Company:	✓ Application's Name:
✓ Branch:	✓ NRIC No / UEN No:
✓ Inception Date: <input type="checkbox"/> 7 th <input type="checkbox"/> 17 th <input type="checkbox"/> 27 th	✓ Address:
✓ Amount to be Deducted: <input type="checkbox"/> S\$5 <input type="checkbox"/> S\$10 <input type="checkbox"/> S\$20 <input type="checkbox"/> S\$ _____	✓ Transaction Type: New Deduction / Changes for amount to be deducted <small>(For a Minimum of 12 Months)</small>

Remarks: _____

- (a) I/we hereby give consent to the use of my/our personal data by Jamiyah Singapore to disseminate information pertaining to Jamiyah's programmes and services.
- (b) I/we hereby instruct you to process the BO's instructions to debit my/our account.
- (c) 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.
- (d) 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.
- (e) This donation is not tax-deductible and shall be used for all programmes, inclusive of religious activities of Jamiyah Singapore (UEN S61SS0055K).
- (f) If you wish to have a tax-deductible receipt, please tick the box
 Your tax-deductible outright donations will be credited to Jamiyah Welfare Fund (UEN T15CC0003G).

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: JAMIYAH SINGAPORE (Name & Address of BO)
 NO 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