Darul Ihsan Orphanage – For Donations APPLICATION FORM FOR INTERBANK GIRO PART 1: FOR APPLICANT'S COMPLETION





	7
Date:	Name of Billing Organisation ('BO')
To: (Name of My/Our Pank/Finance Company)	DARUL IHSAN ORPHANAGE
To: (Name of My/Our Bank/Finance Company) Bank Branch/Address My/Our Name(s) (As in Bank/Finance Company's records)	(a) I/We hereby authorize the BO to debit a monthly amount \$5 / \$10 / \$20 / \$50 / \$100 / Other Amount: from my account. (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 this. 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 authorization will remain in force for 10 years or 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.
Donor's Name:	My/Our I.C. No:
My/Our Account No:	My/Our Tel/Fax No:
My/Our Address:	My/Our Company Stamp/Signature(s)/Thumbprint(s)
inty out 7 tourises.	*(As in bank/finance company's records)
PART 2: FOR BILLING ORGANISATION'S COMPLETION	
Bank Branch Account Number	Reference No.
7 3 6 6 0 0 3 3 8 0 0 0 9 0 0	9 0 0
Bank/Finance Co. Branch A/C No. to be Debited	
Branen 700 He. to be bested	Verified By Darul Ihsan
PART 3: FOR BANK/FINANCE COS COMPLETION	Darai illoan
To: DARUL IHSAN ORPHANAGE No. 5 MATTAR ROAD SINGAPORE 387713 Tel: 6747 7556 This Application is hereby REJECTED (please tick) for the following reason	n(s):
☐ Signature/Thumbprint# differs from Bank/Finance Cos records	Wrong account number
Signature/Thumbprint# incomplete/unclear#	Amendments not countersigned by customer
Account operated by signature/thumbprint#	Others:
Name of Approving Officer Authorised Signar	ture Date
#Please delete where inapplicable.	

Muslimin Trust Fund Association

GIRO Application for Zakat Payment



<u>Please follow these simple steps to apply for GIRO Payment of Zakat to MTFA:</u>

- 1) Print out the 'UOB Standing Order Application / Information Update Form' provided below.
- 2) Fill in your personal and bank account details.
- 3) Submit the form to **YOUR** bank to verify your signature / thumb print.
- 4) Once the bank has verified your application, please take back your form and send it to Muslimin Trust Fund Association at 5 Mattar Road, Singapore 387713.

You will be notified via post once your application has been successfully processed.

Thank you.



STANDING ORDER APPLICATION / INFORMATION UPDATE FORM

To: Robinson Road P O Box 1282 Singapore 902532

Type Of Request:	(Applic	/ E		1 20 4		date				
Account Name *:	ULARS	(F	Field mark	ed with *	is mand	atory)				
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STANDING ORDER		(F	ield mark	ed with *	is mand	atory)	Ivianda	itory for inform	ation Update or	Termination)
First Payment Date *: D D				No. of Paymer			Next Paymo			
Frequency of Payment * (* Not applicable for GIRO Standing Or	****	eekly	Fortnight	ly^ Mc	onthly	○ Bi-Mo	onthly Q	uarterly (Half-annual	ly Annually
Payment Mode *:		२० ्	Cashier's	Order	\bigcirc	Demand I	Oraft C	Telegraphi	c Transfer	
Payment Currency *:			Payment	Amount *:						
Final Payment Amount:							(Leave	blank if this is	same as Paym	nent Amount)
Customer Reference *:										
Mail To:	O Apı	olicant	(Benefic	ciary	(Leave	e blank if Paym	ent Mode is G	IRO)	
BENEFICIARY'S PA	RTICULAR	RS (T	his sectio	n is appli	cable fo	r Applicat	ion only. Fi	eld marked	with * is mai	ndatory)
Beneficiary Bank *:	UNITED	OVER:	SEAS E	BANK L	IMITE	D .	1 1 1	1 1 1	1 1 1	
Account No. *:	2 1 1	3 0 9	9 3 1	7 1						
Beneficiary Name *: (Up to 70 characters)	MUSLIN	IIN TRU	JST FU	ND AS	SOCIA	ATION -	- ZAKAT	ACCOU	NT	
Beneficiary Address: (Required if Mail To	5 MATT	TAR RO	AD, SIN	IGAPO	RE 38	37713				
Beneficiary is selected. Up to 140 characters)										
STANDING ORDER	TERMINAT	TION (T	his sectio	n is annli	rable fo	r Termina	tion only)			
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