

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with ✓) | Submit the Original copy to us

Date/日期 ✓	Name of Billing Organisation ("BO") / 受益团体 LEUKEMIA AND LYMPHOMA FOUNDATION	
To: Name of Bank/银行名称 ✓	Name as in NRIC/Company Name: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Ms 姓名	
Branch/分行 ✓	Mailing Address/地址	
My Monthly Donation to Leukemia & Lymphoma Foundation / 每月乐捐: ✓ S\$	NRIC/FIN/UEN/身份证/公司号码 ✓	Mobile/Tel No/联络号码 ✓
	Email address/电子邮件 ✓	

Note: This monthly Giro will be debited from the bank account by 8th of each month (or by the next working day).

- a) I/We hereby instruct you to process Leukemia & Lymphoma Foundation's instructions to debit my/our account.
 b) You are entitled to reject Leukemia & Lymphoma Foundation'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 send to my/our address last known to you or upon receipt of my/our written revocation through Leukemia & Lymphoma Foundation.

My/Our/Company Name(s) as in Bank record/账户名称 ✓	My/Our/Company Contact (Tel/Mobile) Number(s)/联络号码 ✓
My/Our/Company Account Number/户口号码 ✓	My/Our/Company Stamp/Signature(s)/Thumbprints*/ 签名/公司印章: ✓

(as in bank records)

- We thank you for your kind donations. Your donations will be credited to LLF's General Fund to administer and support persons affected by blood cancers.
- All donations to Leukemia & Lymphoma Foundation are tax deductible and the tax deduction will be automatically included in your tax assessment form with your Tax Reference number given (NRIC, FIN, UEN). Therefore, no additional tax-exempt receipt will be issued, unless upon request.
- By submitting this Interbank GIRO form, I give consent to Leukemia & Lymphoma Foundation in the collection, disclosure and use of my personal data for the purpose of processing monthly donation via Interbank Giro deduction from the said bank and for tax deduction purposes, and in accordance with the Personal Data Protection Act 2012 (PDPA). Please refer to our Privacy Policy on our website for more details. I am aware that I can withdraw this consent by emailing to Leukemia & Lymphoma Foundation at service@llf.org.sg

I do not wish to receive any information/appeal letters from Leukemia & Lymphoma Foundation.
 Kindly submit/mail this original copy to us at: **10 Sinaran Drive #10-20 Novena Medical Center Singapore 307506**

PART 2: FOR LEUKEMIA & LYMPHOMA FOUNDATION'S COMPLETION

Bank / Branch / Account Number (to credit) 7 1 7 1 1 1 8 1 1 8 9 0 0 2 2 5 2	Leukemia & Lymphoma Foundation's Donor Reference Number:
Bank / Branch / Account Number (to debit)	

PART 3: FOR BANK'S COMPLETION

To: Leukemia & Lymphoma Foundation
10 Sinaran Drive #10-20 Novena Medical Center, Singapore 307506

This Application is hereby **REJECTED** (please tick) for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint # incomplete/unclear # | <input type="checkbox"/> Amendments not countersigned by customer/BO |
| <input type="checkbox"/> Account operated by signature/thumbprint # | <input type="checkbox"/> Other reason(s): |

Name of Approving Officer

Authorised Signature

Date

*For thumbprints, please go to the branch with your identification.

#Please delete where non-applicable