

# Asatizah Financial Assistance (AFA)

Asatizah Financial Assistance (AFA) seeks to inspire the Muslim community to recognise and appreciate the contributions of our veteran asatizah. It also supports asatizah in need by ensuring their welfare is being taken care of in a well-coordinated manner.

The AFA funds will help:

Low-income asatizah

Asatizah with chronic illnesses

Veteran asatizah

Asatizah who require temporary help as they work towards self-reliance

Fill up the form at the back to contribute today.



Ustaz Ismail Haron, AFA recipient

Persatuan Ulama & Guru-Guru Agama  
Islam (Singapore) – PERGAS  
448 Changi Road  
#03-01 Wisma Indah  
Singapore 419975



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# Asatizah Financial Assistance (AFA)

*“There are asatizah who require assistance due to terminal illnesses, but they are shy to come forward”*

- Ustaz Hamzah, AFA recipient



PERGAS

جمعية العلماء ومدرسيهم في الإسلام  
Singapore Islamic Scholars & Religious Teachers Association



Do not staple.

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# AFA DONATION FORM

## DONOR'S DETAIL

Name

NRIC/FIN/Company Registration No.  Contact No.

Address

Email Address

**For New Donors**  
 I would like to make a monthly contribution of:  \$5  \$10  \$20  \$50  \$100  Others: \$ \_\_\_\_\_ (Please state amount)

**For Current Donors**  
 I would like to increase my total monthly contribution. My new TOTAL monthly contribution is:  \$5  \$10  \$20  \$50  \$100  Others: \$ \_\_\_\_\_ (Please state amount)

Signature \_\_\_\_\_ Date \_\_\_\_\_

# APPLICATION FORM FOR INTERBANK GIRO

## PART 1: FOR APPLICANT'S COMPLETION (All fields are mandatory)

Name of Billing Organisation ("BO")

PERGAS  My / Our Name(s) (As in bank account)

To (Name of Bank)

My / Our Bank Account No.

NRIC/FIN/Company Registration No.

My / Our Contact (Tel/Handphone) No.

(A) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.  
 (B) The Bank is 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. The Bank may also at its 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  
 i) the Bank's written notice sent to my/our address last known to the Bank;  
 ii) upon the Bank's receipt of my/our written revocation; or  
 iii) upon the Bank's receipt of the notice of expiry from the BO.

My/Our Company Stamp/Signature(s)/Thumbprint(s)<sup>(as in Bank's records)</sup> \_\_\_\_\_  
 Date \_\_\_\_\_

## PART 2: FOR PERGAS COMPLETION

SWIFT BIC	OCBCSGSGXXX
Billing Organisation's Account Number	629704537001
SWIFT BIC	Account No. To Be Debited

Billing Organisation's Customer Ref No.	
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## PART 3: TO BE COMPLETED BY BANK

To: **PERGAS**  
 448 Changi Road, Wisma Indah #03-01 Singapore 419775

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

<input type="checkbox"/>	Signature/Thumbprint # differs from Bank records
<input type="checkbox"/>	Signature/Thumbprint # incomplete/unclear #
<input type="checkbox"/>	Account operated by signature/thumbprint #
<input type="checkbox"/>	Wrong account no.
<input type="checkbox"/>	Amendments not countersigned by customer
<input type="checkbox"/>	Others (please specify)

# Please delete where inapplicable.

Name of Approving Officer \_\_\_\_\_  
 Authorised Signature \_\_\_\_\_  
 Date \_\_\_\_\_

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