

MEMBERSHIP GIRO FORM



MEMBER'S DETAIL

Name

Email Address

NRIC/FIN/Company Registration No.

Contact No.

By signing below, I agree that I will make a monthly contribution of \$5 for my membership fee.

Address

Signature

Date

APPLICATION FORM FOR INTERBANK GIRO

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

Name of Billing Organisation ("BO")

PERGAS

PERGAS Customer Ref No.

To (Name of Bank)

My / Our Bank Account No.

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

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)*
(as in Bank's records)

Date

PART 2: FOR PERGAS COMPLETION

SWIFT BIC	Billing Organisation's Account Number
OCBCSGSGXXX	629704537001

Billing Organisation's Customer Ref No.

SWIFT BIC	Account No. To Be Debited

PART 3: TO BE COMPLETED BY BANK

To: **PERGAS**
448 Changi Road, Wisma Indah #03-01 Singapore 419975

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

- | | |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank records | <input type="checkbox"/> Wrong account no. |
| <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 (please specify) |

Please delete where inapplicable.

Name of Approving Officer

Authorised Signature

Date

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**BUSINESS REPLY SERVICE
PERMIT NO. 06920**



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

Postage will be
paid by
addressee. For
posting in
Singapore only.

Do not staple.