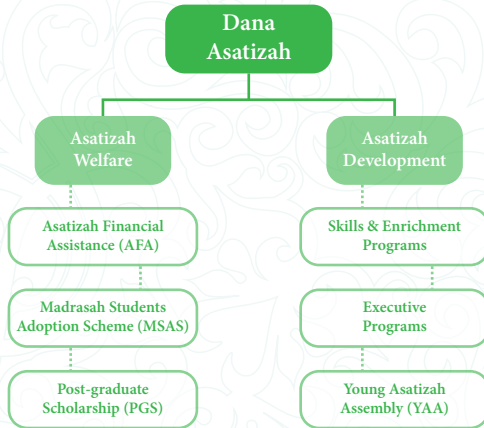


Dana Asatizah

Dana Asatizah (Asatizah Fund) was formed with the objective of providing financial support to our asatizah and facilitating asatizah's training and development.



The funds aim to equip asatizah with the knowledge and skills which enhance their pathway of professional development.

Fill up the form at the back to contribute today.

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



BUSINESS REPLY SERVICE
PERMIT NO. 06920

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addressee. For
posting in
Singapore only.

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Dana Asatizah

*“With the availability of such programmes,
it is an eye-opener for the asatizah”*

- Ustaz Jalalludin Rumi Norman,
participant of Pergas Situational Counselling Training



PERGAS

جمعية العلماء ومدرسيه الاسلاميه سنجاورة
Persatuan Ulama dan Guru-Guru Agama Islam (Singapore)
Singapore Islamic Scholars & Religious Teachers Association



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DANA ASATIZAH DONATION FORM

DONOR'S DETAIL

Name

NRIC/FIN/Company Registration No. Contact No.

Address

Email Address

Signature _____ Date _____

APPLICATION FORM FOR INTERBANK GIRO

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

Name of Billing Organisation ("BO")

PERGAS Name of Billing Organisation ("BO")

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 _____

SWIFT BIC Billing Organisation's Account Number

OCBCSGSGXXX 629704537001

SWIFT BIC Account No. To Be Debited

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 _____

