



# LEMBAGA PENTADBIR MASJID DARUL GHUFRAN

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## APPLICATION FORM FOR INTERBANK GIRO

### PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with √)

To : Name of Bank / Financial Institution:

LPM DARUL GHUFRAN  
503 Tampines Avenue 5  
Singapore 529651

√ \_\_\_\_\_  
Branch :

Donor's Name (As in NRIC/FIN#) :

√ \_\_\_\_\_  
Donor's Address :

√ \_\_\_\_\_  
Donor's NRIC/FIN Number :

√ \_\_\_\_\_

√ \_\_\_\_\_  
Contact (Tel/Fax) Number(s) :

√ \_\_\_\_\_  
Email Address :

√ Donation amount to be deducted

On behalf of / didermakan atas nama Almarhum/Almarhumah

\$10    \$20    \$50

Others : \$ \_\_\_\_\_ (please specify & exclude cent)

- (a) I/We hereby instruct you to process the LPM DARUL GHUFRAN instructions to debit my/our account,.
- (b) You are entitled to reject the LPM DARUL GHUFRAN 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.
- © This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the LPM DARUL GHUFRAN.

Name(s) of Account Holder:

Date:

√ \_\_\_\_\_  
Bank Account Number:

√ \_\_\_\_\_  
Applicant's Signature(s)/Thumbprint(s) # :

√ \_\_\_\_\_

√ \_\_\_\_\_  
(As in Bank / Financial Institution's records)  
# For thumbprints please go to the branch with your identification

### PART 2: FOR LPM DARUL GHUFRAN'S COMPLETION

Bank				Branch			LPM DARUL GHUFRAN										
7	3	3	9	5	8	1	6	8	2	2	2	6	0	0	1		

Applicant's Reference No											

Bank				Branch			Account No To be Debited														

### PART 3: FOR BANK / FINANCIAL INSTITUTION'S COMPLETION

To LPM DARUL GHUFRAN

We hereby certify that the signature(s) affixed in Part 1 above is/are consistent with our records and the particulars of the account are correct.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint # differs from Financial Institution's records | <input type="checkbox"/> Wrong account number                     |
| <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 : _____                           |

\_\_\_\_\_  
Name of Approving Officer  
# please delete where applicable

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date