

INTERBANK GIRO APPLICATION FORM

PERSONAL/ COMPANY'S PARTICULARS (DONOR TO COMPLETE)	
Name (as per NRIC/ FIN/ UEN):	NRIC/ FIN/ UEN No.:
Contact No.:	Email Address:
*Donation Amount (S\$):	Frequency of Donation: Monthly
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*Tax deduction applicable for donations of S\$10 & above Deduction Date: 5 th day of the month PART 1: GIRO DONATION DETAILS (DONOR TO COMPLETE)	
Name(s) in Bank Account:	Bank Swift Code:
Traino(o) in Bank 7 600ana	Barin Gwin Godo.
Name of Bank:	Account No.:
a) I/ We hereby instruct you to process SG Enable Ltd's instructions to debit or credit my/ our account.	
b) You are entitled to reject SG Enable Ltd's debit instructions 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 sent to my/ our address last	
known to you or upon receipt of my/ our written revocation through SG Enable Ltd.	
d) I/ We hereby warrant that all the information I/ we have submitted in this Form is true and accurate to the	
best of my/ our knowledge. I/ We also consent to Goh Chok Tong Enable Fund's collecting, using and disclosing my/ our personal data for the purposes of processing my/ our donations, and any and all other	
ancillary administrative purposes associated with the donation.	
My/ Our Signature(s)/ Thumbprint(s)/ Company Stamp Date	
(For thumbprint(s), please go to the branch with your identification)	
PART 2: FOR SG ENABLE LTD'S COMPLETION	Danaria Dafaranaa Na :
Crediting Account Name: SG Enable LtdGCT Enable Fund	Donor's Reference No.:
Bank Swift Code: SCBLSG22XXX	Bank Account Number: 0105596108
PART 3: FOR BANK'S/ FINANCIAL INSTITUTION'S COMPLETION	
To: SG ENABLE LTD	
20 Lengkok Bahru, #02-06, Enabling Village, Singapore 159053	
Attention: Finance Dept	
This application is REJECTED (please tick accordingly) for the following reason(s):	
*Signature/ Thumbprint differs from financial institution's record	
□ *Signature/ Thumbprint *incomplete/ unclear	
☐ Wrong account number	
☐ Amendments not countersigned by customer	
Others:	-
*Please delete where inapplicable	
Name of Approving Officer Authorised S	Signature Date