

# WOODBRIIDGE HOSPITAL CHARITY FUND (UEN: T01CC1489K)

**Yes, I/We would like to make a monthly tax-deductible donation to Woodbridge Hospital Charity Fund.**

## APPLICATION FORM FOR INTERBANK GIRO

### PART 1: FOR APPLICANT'S COMPLETION

Date: \_\_\_\_\_

To: Name of Bank: \_\_\_\_\_

Name: \_\_\_\_\_

Branch: \_\_\_\_\_

NRIC / Company Registration Number: \_\_\_\_\_

Amount of Donation \_\_\_\_\_

Address: \_\_\_\_\_

Expiry date for this authorisation: \_\_\_\_\_

E-mail / Phone (for notification of GIRO approval): \_\_\_\_\_

- (a) I/We hereby instruct you to process Woodbridge Hospital Charity Fund's instructions to debit my/our account.
- (b) You are entitled to reject Woodbridge Hospital Charity Fund's 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.
- (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 Woodbridge Hospital Charity Fund.
- (d) It is the Woodbridge Hospital Charity Fund's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

My/Our Name(s) as in Bank's record \_\_\_\_\_

My/Our Account Number: \_\_\_\_\_

My/Our Bank Address: \_\_\_\_\_

My/Our Company Stamp/Signature(s)/Thumbprint(s)\*: \_\_\_\_\_

(as in bank's records)

### PART 2: FOR WOODBRIDGE HOSPITAL CHARITY FUND ("WHCF")'S COMPLETION

Bank	Branch	WHCF's Account Number
7 1 7 1	0 3 2	0 3 2 9 0 0 0 5 9 7

Donor's Reference Number

Bank	Branch	Account Number To Be Debited

### PART 3: FOR BANK'S COMPLETION

To: Woodbridge Hospital Charity Fund

We hereby certify that the signature(s) / other particulars as stated in Part 1 agree with that contained in our file(s).

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

- Signature/Thumbprint<sup>#</sup> differs from Bank's records
- Signature/Thumbprint<sup>#</sup> incomplete/unclear<sup>#</sup>
- Account operated by signature/thumbprint<sup>#</sup>

- Wrong account number
- Amendments not countersigned by customer/BO
- Other reason(s): \_\_\_\_\_

\_\_\_\_\_  
Name of Approving Officer

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

\_\_\_\_\_  
Date

GIRO is a convenient, cashless mode of payment. To help you better understand the GIRO payment method. Here are some answers to the most frequently raised questions on GIRO:

### **How do I get started?**

Complete this GIRO application form with your name/ NRIC/ account number and send the form, duly signed, to us at:

#### **Woodbridge Hospital Charity Fund c/o Institute of Mental Health**

Buangkok Green Medical Park  
10 Buangkok View  
Singapore 539747  
Attn: Corporate Communications Department

**Note:** For account operated via thumbprint, please bring your NRIC/passport to your bank for the print to be taken and witnessed.

### **Will I be notified of the approval of my GIRO application?**

Woodbridge Hospital Charity Fund will inform you when the GIRO is approved and the effective date.

### **How long do I need to wait before my GIRO arrangement is effective?**

Your GIRO arrangement takes a minimum of 21 working days to be effected. Your GIRO application is only effective when you receive a written GIRO approval notification.

### **Can I arrange for another party to effect the GIRO arrangement through his/her bank account or pay for another party?**

Yes, you can by stating his/her name and NRIC number, and the account number on the GIRO form.

Please obtain the signature/thumbprint of the person on the form if he/she is paying for you.

### **When will the monthly GIRO deduction be made?**

A deduction will only be made from your bank account on the 5<sup>th</sup> of each month. The amount deducted will be reflected in your bank statement.

### **What happens if there are insufficient funds in my bank account?**

We will send you a letter to inform you to pay by other ways. However, you should still maintain sufficient funds in your bank account for the subsequent due date. We will terminate your GIRO if we are unable to make GIRO deductions after 3 consecutive attempts. Please note that some banks do charge a service fee for unsuccessful GIRO deduction due to insufficient funds.

### **Can I stop GIRO payment?**

Yes, you can by calling us at 6496 6167 but you will need to give us at least 5 working days before the next deduction date. You should also inform your bank to stop GIRO payment if applicable.

### **What happens to my GIRO arrangements that are no longer used?**

You should review all your GIRO arrangements periodically and terminate those arrangements that are no longer required with your bank.

Please approach your bank and complete the necessary termination forms.

### **How will my personal data be used?**

Your personal data will be used in compliance with the Personal Data Protection Act 2012 (PDPA), and disclosed to authorised WHCF secretariat staff for the purposes of processing GIRO donations, issuing tax exempt receipts, mailing of thank you cards/letters, and other related donor management activities. Your personal data will be disclosed only to authorised staff involved in these processes.

### **Can I withdraw consent for my personal data to be used?**

Yes, you can withdraw this consent by emailing the WHCF secretariat at [foong\\_yee\\_sum@imh.com.sg](mailto:foong_yee_sum@imh.com.sg) and you may provide feedback (concerns, queries or complaints) about WHCF's personal data protection policies and practices to The IMH Data Protection Officer at tel: 1800 386 4541 or write in to: **The Data Protection Officer**, Buangkok Green Medical Park, 10 Buangkok View, Singapore 539747.