

INTERBANK GIRO FORM

(Yes! I wish to support CPAS!)



Name as per NRIC (for individual donation) : _____
 Organisation (for corporate donation only) : _____
 NRIC (individual) or UEN (corporate) No.* : _____
 Postal Address : _____

 Contact Number(s) : (HP) _____ (O) _____
 Email Address : _____

* Donations of SGD\$10.00 & above are eligible for tax exemption. This will be automatically processed by the Inland Revenue Authority of Singapore (IRAS) with your NRIC or UEN number.

Donation Amount

Here is my donation of:
 S\$30 S\$50 S\$80 S\$150
 S\$ _____
 Monthly Donation One-Time Donation
**Please fill in below GIRO details for monthly donation.*

Cheque Donation

I enclose my cheque made payable to "CPAS"
 Cheque No. _____
 of SGD\$ _____

Personal Data Use Notice

By completing and submitting this form, I acknowledge that Cerebral Palsy Alliance Singapore will collect, use and disclose my personal data (including NRIC/UEN and bank account details) for the purpose of processing your donation, administering GIRO payments, issuing tax-deductible donation records, and fulfilling related legal and regulatory obligations.

By submitting this form, I acknowledge that I have read and agree to the CPAS Privacy Policy available at: <https://cpas.org.sg/about-cpas/data-protection-policy/>

Interbank GIRO (Direct Debit Authorisation)

Name of bank: _____
 Branch: _____
 Name(s) as in bank record: _____

 Bank Account Number: _____

- I/We hereby instruct you to process the Cerebral Palsy Alliance Singapore's instructions to debit my / our account.
- You are entitled to reject the Cerebral Palsy Alliance Singapore debit instructions if my account does not have sufficient funds and charge me a fee for this.
- The authorisation will remain in force until it is terminated by your written notice sent to our address last known to you or upon receipt of my/our written revocation through the Cerebral Palsy Alliance Singapore.

Name of billing organisation:
Cerebral Palsy Alliance Singapore

**Signature(s)/
 Thumbprint(s)
 As in bank record**

Date (DD/MM/YY): _____

For Bank's Official Use Only

To: Cerebral Palsy Alliance Singapore

This application is hereby APPROVED/ REJECTED* for the following reason(s):

- Signature / Thumbprint* differs from the bank's record
 Signature / Thumbprint* incomplete / unclear*
 Account operated by signature / thumbprint*
 Wrong account number
 Amendments not countersigned by applicant
 Others: _____

**AUTHORISED
 SIGNATURE**

Date (DD/MM/YY): _____

*Please delete where applicable

For Cerebral Palsy Alliance Singapore's Official Use Only

Bank	Branch	Cerebral Palsy Alliance Singapore's Account No.
9	4	9
6	0	0
1	0	1
0	1	0
2	0	8
2	9	8
7		

Billing Organisation / Customer Reference No.