





CARE CORNER SINGAPORE

DONOR PARTICULARS	
Mr/Ms/Mrs/Dr: Full Name /Company Address: Postal Code:	NRIC/FIN/UEN: (Required for tax-deduction) Mobile: Home/Office: Email:
MY PARTICIPATION	
I/We would like to make a donation ¹ of <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other Amount: _____	I/We would like to pledge a recurring donation through the preferred mode of giving in the following frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
CONTRIBUTE TOWARDS (please ✓ either 1 or 2):	
(1) <input type="checkbox"/> Care Corner Singapore Ltd's General Fund In support of Children, Youths, Families, and Mental Health & Counselling. MODE <input type="checkbox"/> Cash ² <input type="checkbox"/> Cheque ³ Cheque No. _____ Payable to "Care Corner Singapore Ltd" <input type="checkbox"/> Online https://www.giving.sg/care-corner-singapore-ltd <input type="checkbox"/> GIRO Please complete page 2 <input type="checkbox"/> Internet Banking ³ OCBC 501-859458-001 Please attach a screenshot of transaction for verification purpose. <input type="checkbox"/> PayNow ³  Please input "Giving NRIC/FIN/UEN" in reference field for identification of donations UEN: 198105641M	(2) <input type="checkbox"/> Care Corner Seniors Services Ltd In support of Senior Activity Centre, Active Ageing Hub and Social Day Care. Care Corner is eligible for dollar-for-dollar matching by Singapore government under Community Silver Trust. MODE <input type="checkbox"/> Cash ² <input type="checkbox"/> Cheque ³ Cheque No. _____ Payable to "Care Corner Seniors Services Ltd" <input type="checkbox"/> Online https://www.giving.sg/care-corner-seniors-services-ltd <input type="checkbox"/> GIRO Please complete page 3 <input type="checkbox"/> Internet Banking ³ OCBC 695-241943-001 Please attach a screenshot of transaction for verification purpose. <input type="checkbox"/> PayNow ³  Please input "Giving NRIC/FIN/UEN" in reference field for identification of donations UEN: 201533890R
Remarks	

IMPORTANT NOTE

- Only donations \$10 and above will be eligible for 250% tax-deduction on the donated sum.
- Please do not put cash in an envelope and mail out.
- Kindly complete the above fields within 5 working days and email to us at partner.us@carecorner.org.sg or mail to:
Corporate Partnership
Care Corner Singapore Ltd
6 Woodlands Square #03-01
Woods Square Tower 2
Singapore 737737

I/We entrust Care Corner to exercise due diligence in allocating my/our donation according to the needs of the Service Groups.

In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to Care Corner Singapore Ltd to collect my personal data and contact information (as declared) and the data collected may be used and disclosed for the purposes of issuing tax exempt receipts, mailing of receipts/thank you cards/letters, and other related donor engagement activities. I am aware that I can withdraw this consent by emailing to CCS at dpo@carecorner.org.sg.



APPLICATION FOR INTERBANK GIRO CARE CORNER SINGAPORE LTD

PART 1 : FOR APPLICANT'S COMPLETION (Please fill in all the fields. Incomplete forms may not be processed)

Date:		Name of Billing Organisation ("BO"): Care Corner Singapore Ltd
To: (Name of Bank)		Applicant's Name:
		NRIC/FIN/UEN: (Billing Organisation's Customer Reference Number)

- 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 authorization 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.

(As in bank account)	(As per bank's record)
My/Our Name(s):	My/Our Contact Number(s):
My/Our Bank Account No.:	My/Our Company Stamp/Signature(s) /Thumbprint(s)*:
	* For thumbprints, please go to the branch with your identification)

PART 2 : FOR CARE CORNER SINGAPORE LTD'S (BILLING ORGANISATION'S) COMPLETION

SWIFT BIC	Care Corner Singapore Ltd's Account No.	Care Corner Singapore Ltd's Customer Reference No.
OCBCSGSGXXX	501-859458-001	

SWIFT BIC	Account No. To Be Debited

PART 3 : FOR BANK'S COMPLETION

To: Care Corner Singapore Ltd

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

Authorised Signature

Date



APPLICATION FOR INTERBANK GIRO CARE CORNER SENIORS SERVICES LTD

PART 1 : FOR APPLICANT'S COMPLETION (Please fill in all the fields. Incomplete forms may not be processed)

Date:		Name of Billing Organisation ("BO"): Care Corner Seniors Services Ltd
To: (Name of Bank)		Applicant's Name:
		NRIC/FIN/UEN: (Billing Organisation's Customer Reference Number)

- 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 authorization 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.

(As in bank account)	(As per bank's record)
My/Our Name(s):	My/Our Contact Number(s):
My/Our Bank Account No.:	My/Our Company Stamp/Signature(s) /Thumbprint(s)*:
	* For thumbprints, please go to the branch with your identification)

PART 2 : FOR CARE CORNER SENIORS SERVICES LTD'S (BILLING ORGANISATION'S) COMPLETION

SWIFT BIC	Care Corner Seniors Services Ltd's Account No.	Care Corner Seniors Services Ltd's Customer Reference No.
OCBCSGSGXXX	695-241943-001	

SWIFT BIC	Account No. To Be Debited

PART 3 : FOR BANK'S COMPLETION

To: Care Corner Seniors Services Ltd

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

Authorised Signature

Date

In compliance with the Personal Data Protection Act 2012 (PDPA), I hereby give consent to Care Corner Seniors Services Ltd to collect my personal data and contact information (as declared) and the data collected may be used and disclosed for the purposes of issuing tax exempt receipts, mailing of receipts/thank you cards/letters, and other related donor engagement activities. I am aware that I can withdraw this consent by emailing to CCS at dpo@carecorner.org.sg.