

## CARE CORNER SINGAPORE

DONOR PARTICULARS								
Mr/Ms/Mrs/Dr:				NRIC/FIN/UEN:				
			(Required for					
, company			tax-deduction)					
			Mobile:					
Pos	tal Code:		Home/C	Office:				
			Email:					
MV	PARTICIPATI	ON						
		to make a donation <sup>1</sup> of	I/We	would like to	pledge a recurring donation through			
',					e of giving in the following frequency			
П	\$1,000	□ \$3,000	-	Monthly	☐ Quarterly			
	\$5,000	☐ Other Amount:		Annually	☐ Other:			
		WARDS (please v either 1 or 2):	(0)					
		r Singapore Ltd's General Fund	(2)   Care Corner Seniors Services Ltd					
	rvention.	ren, Youths, Families, and Focused	In support of Senior Activity Centre, Active Ageing Hub and Social Day Care. Care Corner is eligible for dollar-for-dollar matching by					
111100	r vericion.		Singapore government under Community Silver Trust.					
мо	DE		MODE					
	Cash <sup>2</sup>			Cash <sup>2</sup>				
	Cheque <sup>3</sup>	Cheque No.		Cheque <sup>3</sup>	Cheque No			
	Payable to	"Care Corner Singapore Ltd"		Payable to	"Care Corner Seniors Services Ltd"			
	Online	https://www.giving.sg/care-corner-		Online	https://www.giving.sg/care-corner-			
		singapore-ltd			seniors-services-ltd			
	GIRO	Please complete page 2		GIRO	Please complete page 3			
П	Internet	OCBC 501-859458-001	lπ	Internet	OCBC 695-241943-001			
	Banking <sup>3</sup>	Please attach a screenshot of transaction for		Banking <sup>3</sup>	Please attach a screenshot of transaction			
		verification purpose.			for verification purpose.			
	PayNow <sup>3</sup>	Please input "Giving		PayNow <sup>3</sup>	■ Please input "Giving			
		NRIC/FIN/UEN" in reference field for			NRIC/FIN/UEN" in reference field for			
		identification of			identification of			
		donations			<b>NOW</b> donations			
					<b>经济的基础</b>			
_		TEST AND SHAPE SOUNDS OF	]		TET DATA CREATING C			
Remarks								

## **IMPORTANT NOTE**

- 1. Only donations \$10 and above will be eligible for 250% tax-deduction on the donated sum.
- 2. Please do not put cash in an envelope and mail out.
- 3. Kindly complete the above fields within 5 working days and email to us at <a href="mailto:partner.us@carecorner.org.sg">partner.us@carecorner.org.sg</a> 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 partner.us@carecorner.org.sg.



## APPLICATION FOR INTERBANK GIRO CARE CORNER SINGAPORE LTD

· · · · · · · · · · · · · · · · · · ·	PART 1 : FOR APPLIC	ANT'S COMPLETION (Please fill in all	the fields. Incomplete forms may not be processed)				
Applicant's Name:	Date:		Name of Billing Organisation ("BO"):				
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 BBO.  (As in bank account)  My/Our Name(s):  My/Our Name(s):  My/Our Bank Account No.:  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.  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):  Signature/thumbprint# differs from Financial Institution's records    Mrong Account Number			Care Corner Singapore Ltd				
(Billing Organisation's Customer Reference Number)	To: (Name of Bank)		Applicant's Name:				
(Billing Organisation's Customer Reference Number)							
(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 written revocation; or (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)  My/Our Name(s):  My/Our Name(s):  My/Our Rank Account No.:  My/Our Bank Account No.:  My/Our Company Stamp/Signature(s) /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.  OCBCSGSGXXX  SO1-859458-001  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): Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number   Signature/thumbprint# differs from Financial Institution's records   Amendments not countersigned by customer   Account operated by signature/thumbprint#   Amendments not countersigned by customer   Account operated by signature/thumbprint#							
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 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 a tist 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 explry from the BO.  (As per bank's record)  My/Our Contact Number(s):  My/Our Name(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.  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):  Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number   Account Number   Account Number   Account Operated by signature/thumbprint#   Others							
b. The Bank is entitled to reject the B0'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 virteen 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)  My/Our Name(s):  My/Our Name(s):  My/Our Bank Account No.:  My/Our Bank Account No.:  PART 2 : FOR CARE CORNER SINGAPORE LTD'S (BILLING ORGANISATION'S) COMPLETION  SWIFT BIC Care Corner Singapore Ltd's Account No. OCBCSGSGXXX  SO1-859458-001  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): Signature/thumbprint# differs from Financial Institution's records   Myrong Account Number   Signature/thumbprint# differs from Financial Institution's records   Amendments not countersigned by customer   Account operated by signature/thumbprint#   Account operated by signature/thumbprint#   Account operated by signature/thumbprint#    Others							
My/Our Name(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	<ul> <li>b. The Bank is entitled this. The Bank may accordingly.</li> <li>c. This authorization v (i) the Bank's v (ii) upon the Bank's v</li> </ul>	I to reject the BO's debit instruction if my/ also at its discretion allow the debit even i will remain in force until written notice sent to my/our address last ank's receipt of my/our written revocation	our account does not have sufficient funds and charge me/us a fee fo f this results in an overdraft on the account and impose charges known to the Bank; ; or				
My/Our Name(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	(As in bank account)		(As per bank's record)				
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.    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):  Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number    Signature/thumbprint# incomplete/unclear#   Amendments not countersigned by customer    Account operated by signature/thumbprint#   Others	My/Our Name(s):						
Account No.:    Stamp/Signature(s)							
Account No.:    Stamp/Signature(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	My/Our Bank		My/Our Company				
* For thumbprints, please go to the branch with your identification)  * For thumbprints, please go to the branch with your identification)  * For thumbprints, please go to the branch with your identification)  * For thumbprints, please go to the branch with your identification)  * For thumbprints, please go to the branch with your identification)  * For thumbprints, please go to the branch with your identification)  * Care Corner Singapore Ltd's Customer Reference No.  * Care Corner Singapore Ltd's Customer Reference No.  * PART 3 : FOR BANK'S COMPLETION  To: Care Corner Singapore Ltd  This application is hereby REJECTED (please tick) for the following reason(s):    Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number   Amendments not countersigned by customer   Account operated by signature/thumbprint#   Others	Account No.:						
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.    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):   Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number   Amendments not countersigned by customer   Account operated by signature/thumbprint#   Others			/Thumbprint(s)*:				
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.    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):   Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number   Amendments not countersigned by customer   Account operated by signature/thumbprint#   Others							
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.    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):   Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number   Amendments not countersigned by customer   Account operated by signature/thumbprint#   Others							
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.    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):   Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number   Amendments not countersigned by customer   Account operated by signature/thumbprint#   Others			* Fau the continuous places on to the branch with your identification)				
SWIFT BIC   Care Corner Singapore Ltd's Account No.   Care Corner Singapore Ltd's Customer Reference No.    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):    Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number    Signature/thumbprint# incomplete/unclear#   Amendments not countersigned by customer    Others   Others			For thumbprints, please go to the branch with your identification)				
SWIFT BIC   Care Corner Singapore Ltd's Account No.   Care Corner Singapore Ltd's Customer Reference No.    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):    Signature/thumbprint# differs from Financial Institution's records   Wrong Account Number    Signature/thumbprint# incomplete/unclear#   Amendments not countersigned by customer    Others   Others	PART 2 : FOR CARE C	ORNER SINGAPORE LTD'S (BILLING O	RGANISATION'S) COMPLETION				
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):  Signature/thumbprint# differs from Financial Institution's records Wrong Account Number  Signature/thumbprint# incomplete/unclear# Amendments not countersigned by customer  Account operated by signature/thumbprint#							
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):  Signature/thumbprint# differs from Financial Institution's records Wrong Account Number  Signature/thumbprint# incomplete/unclear# Amendments not countersigned by customer  Account operated by signature/thumbprint#			0.1				
PART 3 : FOR BANK'S COMPLETION  To: Care Corner Singapore Ltd  This application is hereby REJECTED (please tick) for the following reason(s):  Signature/thumbprint# differs from Financial Institution's records Wrong Account Number  Signature/thumbprint# incomplete/unclear# Amendments not countersigned by customer  Account operated by signature/thumbprint#							
PART 3 : FOR BANK'S COMPLETION  To: Care Corner Singapore Ltd  This application is hereby REJECTED (please tick) for the following reason(s):  Signature/thumbprint# differs from Financial Institution's records Wrong Account Number  Signature/thumbprint# incomplete/unclear# Amendments not countersigned by customer  Account operated by signature/thumbprint#	SWIFT BIC	Account No. To Be Debited					
To: Care Corner Singapore Ltd  This application is hereby REJECTED (please tick) for the following reason(s):  Signature/thumbprint# differs from Financial Institution's records  Wrong Account Number  Signature/thumbprint# incomplete/unclear# Amendments not countersigned by customer  Account operated by signature/thumbprint# Others							
To: Care Corner Singapore Ltd  This application is hereby REJECTED (please tick) for the following reason(s):  Signature/thumbprint# differs from Financial Institution's records  Wrong Account Number  Signature/thumbprint# incomplete/unclear# Amendments not countersigned by customer  Account operated by signature/thumbprint# Others							
To: Care Corner Singapore Ltd  This application is hereby REJECTED (please tick) for the following reason(s):  Signature/thumbprint# differs from Financial Institution's records  Wrong Account Number  Signature/thumbprint# incomplete/unclear# Amendments not countersigned by customer  Account operated by signature/thumbprint# Others	PART 3 : FOR BANK'S	S COMPLETION					
This application is hereby REJECTED (please tick) for the following reason(s):  Signature/thumbprint# differs from Financial Institution's records  Horong Account Number  Amendments not countersigned by customer  Others							
□ Signature/thumbprint# differs from Financial Institution's records □ Signature/thumbprint# incomplete/unclear# □ Account operated by signature/thumbprint# □ Others	0 .						
☐ Signature/thumbprint# incomplete/unclear# ☐ Amendments not countersigned by customer ☐ Account operated by signature/thumbprint# ☐ Others	This application is here	eby REJECTED (please tick) for the follo	owing reason(s):				
☐ Account operated by signature/thumbprint# ☐ Others							
Name of Approving Officer Authorised Signature Date	☐ Account operated b	oy signature/thumbprint#	☐ Others				
Name of Approving Officer Authorised Signature Date							
Name of Approving Officer Authorised Signature Date							
Name of Approving Officer Authorised Signature Date							
Name of Approving Officer Authorised Signature Date							
	Name of Approving Officer Au		sed Signature Date				

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 partner.us@carecorner.org.sg.



## 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 Senior	s Services Ltd		
To: (Name of E	Bank)	Applicant's Name:			
		100 (511) (1151)			
		NRIC/FIN/UEN: (Billing Organisation's			
		Customer Reference			
		Number)			
b. The Bank is	entitled to reject the BO's debi	ne BO's instructions to debit my/our accour t instruction if my/our account does not hav ow the debit even if this results in an overdr	ve sufficient funds and charge me/us a fee for		
accordingly.					
	zation will remain in force until				
	n the Bank's receipt of my/our	y/our address last known to the Bank; written revocation: or			
	on the Bank's receipt of the not				
(As in bank acc	<u>'</u>	(As per bank's reco	rd)		
My/Our Name	e(s):	My/Our Contact			
		Number(s):			
My/Our Bank		My/Our Company			
Account No.:		Stamp/Signature(s)			
		/Thumbprint(s)*:			
		, , , ,			
		* For thumbprints, plea	ase go to the branch with your identification)		
PART 2 · FOR (	CARE CORNER SENIORS SER	VICES LTD'S (BILLING ORGANISATION'	S) COMPLETION		
SWIFT BIC	Care Corner Seniors Services	· · · · · · · · · · · · · · · · · · ·	ors Services Ltd's Customer Reference No.		
OCBCSGSGXXX	695-241943-0				
SWIFT BIC	Account No. To Be	Debited			
PART 3 : FOR I	BANK'S COMPLETION				
To: Care Corne	er Seniors Services Ltd				
		e tick) for the following reason(s): ncial Institution's records	scount Number		
•	umbprint# uniers from Fina umbprint# incomplete/uncl	•	ents not countersigned by customer		
	rated by signature/thumbpr		ents not countersigned by customer		
_ / locount ope	racea by signature, triambpr				
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 partner.us@carecorner.org.sg.