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Your Support Matters

sata CommHealth

I would like to make a

◯ One-time Donation ◯ Monthly Donation (GIRO) Minimum $10 for monthly donation

(Please tick which donation you would like to do.)

◯ $10 (Minimum) ◯ $20 ◯ $50 ◯ $100 ◯ $200 ◯ $500 ◯ _____ (Please specify)

(Please do not send cash through the mail. Minimum of $10 to be eligible for a tax deduction.

Donation Method

◯ Cheque Please make crossed cheque payable to "SATA CommHealth"

Cheque No.:_____

◯ By PayNow

You can scan the QR code or enter our UEN number 194700119G002

Please indicate your NRIC/UEN in the reference number to get tax deduction.

◯ By Bank Transfer/Standing Order:

Bank Account Name: **SATA COMMHEALTH**

Bank: **OCBC BANK** Bank Account No: **701065989002**

Bank Address: **65 CHULIA STREET OCBC CENTRE SINGAPORE 049513**

Swift Code: **OCBCSGSG** Bank Code: **7339**

Branch Code: **701** Bank Currency Type: **SGD**

◯ GIRO (For monthly donation only. Please fill in PART 1 of the GIRO Form)

Donor details

◯ Personal ◯ Company

Name: _____ (Dr/Mr/Ms/Mrs/Mdm)

Company Name (if applicable): _____

NRIC/FIN/UEN (Compulsory for automatic tax deduction):_____

Address: _____

Postal Code: _____ Tel: _____

Email: _____

We will issue e-receipt to you. Please fill in your e-mail address and full NRIC numbers to receive the e-receipt for your tax-deductible donation.

By providing the information set out in this form, I/We agree and consent to SATA CommHealth, as well as its representatives and agents (collectively, "SATA") collecting, using, disclosing and sharing amongst themselved my/our personal data provided above as well as in the records of SATA from time to time, and disclosing such personal data to SATA's authorised service providers, and relevant third parties for purposes reasonably required by SATA to process my/our donation to SATA.

Such purposes are set out in a Data protection policy, which is accessible at https://www.sata.com.sg/perosonal-data-protection-statement/ or available on request and which I/We confirm I/We have read and understand

◯ Tick here if you wish to remain anonymous.

◯ Tick here if you agree to be featured on our fundraising collaterals / online platforms.

◯ Tick here if you consent to SATA CommHealth to send information to you or contact you on future fundraising campaigns, collaterals, e-newsletters and marketing activities.

Signature _____ Date _____

To update your particulars, please email to fundraising@sata.com.sg or call 6244 6688

GIRO_WEB

APPLICATION FORM FOR INTERBANK GIRO

PART 1: For Donor's Completion (Amendments made herein must be countersigned by applicant)

Name of Bank: _____ Name of Billing Organisation: **SATA CommHealth**

My/Our Bank Account No.: _____ Branch: _____

Name(s) as in Bank Account: _____

(a) I/We instruct the Bank to process SATA CommHealth's instruction to debit my/our account.

(b) The Bank is entitled to reject SATA CommHealth'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 (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 SATA CommHealth.

_____ _____

Signature(s)/Thumbprint(s)* as per Bank's record
*For thumbprints, please go to the branch for your identification

Date (DD/MM/YYYY)

PART 2: For SATA CommHealth's Completion

SWIFT BIC	Billing Organisation's Account No.
OCBCSGSGXXX	701065989002

SWIFT BIC	Account No. to be Debited

Billing Organisation's Customer Reference No.

PART 3: For Bank's Completion

To: SATA CommHealth

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

☐ Signature/Thumbprint differs from the Bank's records

☐ Signature/Thumbprint incomplete/unclear

☐ Account operated by signature/thumbprint

☐ Wrong account number

☐ Amendments not countersigned by customer

☐ Others: _____

_____
Name of Approving Officer

_____
Authorised Signature

_____
Date

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sata CommHealth

Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE
PERMIT NO. 07383

SATA CommHealth
351 Chai Chee Street
Singapore 468982

Attn: Fundraising Department