## AL-IMAN MOSQUE NO. 10 BUKIT PANJANG RING ROAD, SINGAPORE 679943 Tel: 6769 0770 Fax: 67698970



Please complete PART 1 of this form and return to the Billing Organisation

Applicant's Address  Applicant's NRIC/FIN Number  Contact (Tel/Fax) Number (s)  Email Address  My/Our Monthly Deduction  Total or Limit of Each Payment on S\$ (tick amount)  On behalf of  Image: Specify should be hereby instruct you to process Masjid Al-Iman's instructions to debit my/our account. **  (b) You are entitled to reject Masjid Al-Iman'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 writer notice sent to my / our address last known to yo or upon receipt of my / our written revocation through Masjid Al-Iman  Name(s) of Account Holder  Applicant's Signature(s)/Thumbprint(s)#  (As in bank Record)*  Date  PART 2: FOR BILLING ORGANISATION'S COMPLETION  BANK BRANCH MASJID AL-IMAN'S ACCOUNT  APPLICANT'S REFERENCE NO.	PAR	T 1: FOR APPLI	CANT'S COMPLE	ETION (fi	I in the s	spaces	indica	ated	with	√)		
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 $<sup>\</sup>ensuremath{^{\star}}\xspace For thumbprints, please go to the branch with your identification.$ 

<sup>\*\*</sup>This application form applies to all instructions, whether existing or hereinafter, including but not limited to dates and amounts of deduction from my / our account, to Masjid Al-Iman by the Applicant Via vPost