

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

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with ✓)

To: Name of Bank ✓ _____ Branch ✓ _____ Applicant's Address ✓ _____ ✓ _____ ✓ _____	Name of Billing organisation MASJID AL-IMAN Applicant's Name (As in NRIC/FIN#) ✓ _____ Applicant's NRIC/FIN Number ✓ _____ Contact (Tel/Fax) Number (s) ✓ _____ Email Address ✓ _____ On behalf of ✓ _____
My/Our Monthly Deduction Total or Limit of Each Payment on S\$ (tick amount) ✓ <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300 <input type="checkbox"/> More than \$300/-, please specify \$ _____	

- (a) I/We 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 you or upon receipt of my / our written revocation through Masjid Al-Iman

Name(s) of Account Holder ✓ _____ Bank Account Number ✓ _____	Applicant's Signature(s)/Thumbprint(s)# ✓ _____ (As in bank Record)* Date ✓ _____
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PART 2 : FOR BILLING ORGANISATION'S COMPLETION

BANK	BRANCH	MASJID AL-IMAN'S ACCOUNT
7	3	3 9 5 4 5 7 0 6 7 5 6 0 0 1

APPLICANT'S REFERENCE NO.									
D	O	N							

BANK	BRANCH	ACCOUNT TO BE DEBITED

PART 3 : FOR BANK / FINANCE COMPANY'S COMPLETION

To:
 Masjid Al-Iman
 10 Bukit Panjang Ring Road
 Singapore 679943

- This Application is hereby REJECTED (please tick the following reason(s)):
- | | |
|--|---|
| <input type="checkbox"/> Signature / Thumbprint# differs from Bank'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
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*For thumbprints, please go to the branch with your identification.
 **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
 # Please delete where inapplicable