



MASJID KAMPUNG SIGLAP
DARUL QURAN SINGAPURA
451 MARINE PARADE RD, 449283

FEE GIRO

This form may take 3 minutes.

IMPORTANT: Do not fax or email this form as original signature(s) is needed. The bank account holder must sign against any changes made. Do not use correction fluid or tape. Forms with incomplete details will be rejected.

APPLICANT'S PARTICULARS & AUTHORISATION

Name of Parent/Self-Funded Student (in block letters)

Residential Address (in block letters)

Unit No.

Postal Code

NRIC/FIN No.

Email Address

[For Self-Funded Student] Class/Program (in block letters)

Contact No.

 (HP) (H) (O)

[For Parent Only] Child/Children's Name(s) (in block letters)

Class/Program (in block letters)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name of Bank (in block letters)

Branch

Bank Account No.

Name of Account Holder - as in Bank's Records (in block letters)

Name of Billing Organisation

LEMBAGA PENTADBIR MASJID KAMPUNG SIGLAP (LPMKS)

- I/we hereby instruct you to process the LPMKS's instructions to debit my/our account.
- You are entitled to reject the LPMKS'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.
- This authorisation will remain in force until terminated by your written notice sent to my/our written revocation through the LPMKS.

Signature/Thumbprint (As in bank's records)

Please proceed to the branch with your identification for thumbprint

Date

FOR LEMBAGA PENTADBIR MASJID KAMPUNG SIGLAP (LPMKS)'S COMPLETION

Bank	Branch	LPMKS Account No.	LPMKS Customer's Reference No.
7 3 3 9	5 3 4	3 2 6 8 2 2 0 0 1	<input type="text"/>

Bank	Branch	Account No. to be Debited
<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR BANK/FINANCIAL INSTITUTION'S COMPLETION

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"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Signature/thumbprint incomplete/unclear | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Account operated by signature/thumbprint | <input type="checkbox"/> Others: _____ |

Name of Approving Officer

Authorised Signature

Date