**NATIONAL HEALTHCARE GROUP FUND (NHGF)  
DONATION FORM**

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| Please tick the appropriate box and fill up the information accordingly. Thank you. | | | | |
| **Donation Details** | | | | |
| * I/We would like to make a donation of S$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the National Healthcare Group Fund. * I/We would like a tax exempt receipt.   Note: All monetary donations will enjoy tax-deduction (applicable to Singapore tax-payers only) and it will be automatically included in you tax assessment based on NRIC/FIN/UEN provided. A tax exempt receipt will be issued for donations of SGD$50.00 and above/upon request. | | | | |
| Donations will go towards our Charity’s General Fund. Alternatively, you may dedicate your donation to specific programme(s)/area(s).  **Optional:**   * I/We wish to dedicate my donation to the following: programme(s)/area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Gift is in honour/tribute/memory of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Donor Details** | | | | |
| Donor’s Details   * **Individual donor** □ **Corporate**   Name/Corporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person:  □ Same as the above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NRIC/FIN/Corporation UEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **By filling up and signing this form:**  (1) I verify that my personal information are accurate and complete.  (2) I consent to the collection, use and disclosure of my personal data for the  purpose of identification and contacting me.  (3) I understand and agree that NHGF may have to submit relevant information  to authorized third parties for the purpose of checks and audits.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **In relation to the Personal Data Protection Act 2012 (PDPA),** we would like to seek your consent for the following:  *Tick the boxes to indicate your consent*   1. □ Mentions and publicity for the Charity’s events and activities(E.g. social media, annual report, EDM etc.) 2. I/We would like to receive updates and news from   □ Email □ Phone □ Post  □ I/We do not wish to receive updates and news  Your personal data is important to us and it is our policy to respect your privacy. Our privacy notice can be found on our website at [https://corp.nhg.com.sg/ Pages/PDPA.aspx](https://corp.nhg.com.sg/Pages/PDPA.aspx) and you may refer to it to find out how we manage your data.  If you wish to withdraw your consent, please contact us at [fundresearch@nhg.com.sg](mailto:fundresearch@nhg.com.sg) or 6357 3207. | |
| **Payment Options** | | | | |
| □ **Bank Transfer**  Account Name: National Healthcare Group Fund  Bank name: DBS  Account No.: 003-943-221-6 | | □ **Cheque/Cashier’s Order** Kindly issue cheque in favour of:   “National Healthcare Group Fund    Cheque No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ **GIRO**  If you wish to make a regular donation, please fill in   the GIRO form (minimum donation of $20). | | |
| □ **PayNow**  (1) Scan the QR Code or PayNow to   UEN 201623926M216  (2) Enter your NRIC/FIN/UEN No. and   Name in the “Reference Number” field   for tax deduction. | C:\Users\jenntan\AppData\Local\Microsoft\Windows\INetCache\Content.Word\NHGF QR.PNG |
| **Please return the completed Donation Form via one of these ways:**  A. Mail to: National Healthcare Group Fund, 3 Fusionopolis Link, #03-08 Nexus@one-north S138543 B. Email to: [fundresearch@nhg.com.sg](mailto:fundresearch@nhg.com.sg) **Note: For donations via GIRO, please return the completed Donation Form to us via mail only.** | | | | |  | | --- | |  | | |

**Thank you for your support!**NATIONAL HEALTHCARE GROUP FUND IS A REGISTERED CHARITY WITH IPC STATUS. UEN – 201623926M

**APPLICATION FORM FOR INTERBANK GIRO**

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| **PART 1: FOR APPLICANT’S COMPLETION** | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dr / Mr / Mrs / Ms / Mdm  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NRIC/FIN No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sex: M / F Contact Nos: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Op) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please tick the **frequency** and **amount** (per GIRO deduction at selected frequency**)** that you would like to contribute to National Healthcare Group Fund:  ❒ Monthly Donation ❒ Quarterly Donation ❒ Half-yearly Donation ❒ Yearly Donation   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | $50 |  |  | $100 |  |  | $150 |  |  | $200 |  |  | $500 |  |  | Others (Min. donation of $20 per GIRO deduction) |     To: My/Our Bank (“Bank”)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    My/Our Account No.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment Limit (Maximum amount to be deducted per transaction)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiry Date of This Authorisation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My/Our Name (s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My/Our Contact No.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Billing Organisation (“BO”)  **National Healthcare Group Fund**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. I/We hereby instruct the Bank to process BO’s instructions to debit my/our account; 2. 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; 3. This authorisation will remain in force until: 4. The Bank’s written notice sent to my/our address last known to the Bank; 5. Upon the Bank’s receipt of my/our written revocation, or 6. Upon the Bank’s receipt of the notice of expiry from the BO. | | | | | |
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| My/Our Company Stamp/Signature(s)/Thumbprint(s)\*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (as in bank’s records) | | | | | |
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| **PART 2: FOR NATIONAL HEALTHCARE GROUP FUND (“NHGF”)’S COMPLETION** | | | | | |
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|  | SWIFT BIC | NHGF’s Account Number |  | NHGF’s Donor Reference No. |  |
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|  | SWIFT BIC | Donor’s A/C To Be Debited |  | | |
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| **PART 3: FOR BANK’S COMPLETION** |
| To: National Healthcare Group Fund  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Approving Officer Authorised Signature Date  *\* For thumbprints, please go to the branch with your identification.*  *# Please delete where inapplicable* |