



# LEMBAGA BIASISWA KENANGAN MAULUD (LBKM)

Prophet Muhammad's Birthday Memorial Scholarship Fund Board

No. 448 Changi Road #04-01, Wisma Indah S (419975) | Tel: 6447 4770 | Fax: 6447 4469

Email: enquiries@lbkm.org.sg | Website: www.lbkm.org.sg

## Direct Debit Authorisation Form

Please sign and return this form to LBKM in the enclosed BRE.

### FOR DONOR'S COMPLETION

Name of Billing Organisation ("BO")

LBKM

Name, Branch & Address of \*My/Our Bank

\*My/Our \*Bank/Finance Company Account Name:

Bank				Branch			Account No.									

Amount to be deducted (exclude cents):

☐ \$50

☐ \$20

☐ Others: \_\_\_\_\_

*A deduction of the amount stated above will be made monthly on the 15<sup>th</sup> of each month.*

Full Name (as in NRIC)

Address

NRIC No.

Contact No.

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for doing so. 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 written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

Date

My/Our Company Stamps/ Signature(s)/Thumbprints(s)  
(As in Bank/Finance Company's account)

#You are entitled to a tax-deduction of 2.5 times of your donation amount and it will be automatically included in your tax assessment. The tax deductible receipts will be issued at the end of the year.

### FOR LBKM'S OFFICIAL USE

DONOR REFERENCE NUMBER \_\_\_\_\_

CIMB Bank Berhad

Bank				Branch			Account No.									
7	9	8	6	0	0	1	2	0	0	0	4	5	3	9	3	7

### FOR BANK'S COMPLETION

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

( ) \*Signature/ Thumbprint differ from Bank/ Finance records

( ) Wrong account number

( ) \*Signature/ Thumbprint \*incomplete/unclear

( ) Amendments not countersigned by customer

( ) Account operated by \*signature/thumbprint

( ) Others: \_\_\_\_\_

\*Delete where applicable

Name of Approving Officer

Authorised Signature / Date

You hereby consent to the collection and use of your personal data for the purposes of corresponding with you as one of LBKM's sponsors/ donors and notifying you regarding other LBKM sponsorship or donation activities. All personal data will be stored and used in accordance with our Data Protection Policy and the Personal Data Protection Act (2012).