



**RESEARCH FUND DONATION/GIRO FORM (Ref: DTN-RHF)**

**Kidney Dialysis Foundation Limited**  
Blk 333 Kreta Ayer Road #03-33 Singapore 080333  
Tel: 6559 2630 Fax: 6225 008

Individual       Corporate

Organization/ Individual Name (Dr/Mr/Mrs/Miss/Mdm) : \_\_\_\_\_

ROC/ROB/NRIC/ Passport/ FIN No: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Tel: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

For Individuals, please include your NRIC/FIN No. for tax assessment purposes.  
For Corporate Donors, please retain receipt for eventual submission to the Comptroller of Income Tax.

**I Agree to Pledge to Kidney Dialysis Foundation Limited- Research and General Fund:**

Annual Donation of \$ \_\_\_\_\_ over the next 3 years commencing \_\_\_\_\_ (MM/YY)

One Time Donation of \$ \_\_\_\_\_

\_\_\_\_\_  
Name/ Signature

**Payment Mode:**

Enclosed Cheque/ Money Order payable to "Kidney Dialysis Foundation Ltd"  
Amount: \$ \_\_\_\_\_ Bank/ Cheque No: \_\_\_\_\_

Card (Visa/ Mastercard/ American Express/ Diners/ JCB Card) (Please Circle)  
Card No: \_\_\_\_\_  
Name as appears on card: \_\_\_\_\_ CVV 2 No. \_\_\_\_\_  
Issuing Bank: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ (MM/YY)

\_\_\_\_\_  
Signature as per Bank's Record

I would like to apply for Interbank Giro

**For Donor's Completion:**

Date: \_\_\_\_\_  
To: (Name of Bank) \_\_\_\_\_ Branch: \_\_\_\_\_  
Name(s) as per Bank's Record: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Donor's Name: \_\_\_\_\_  
Donor's Nric/Passport/Fin No/ROC/ROB: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

Name of Billing Organization: **KIDNEY DIALYSIS FOUNDATION LTD**

- a. I/We hereby instruct you to process the Kidney Dialysis Foundation's Instructions to debit my/our account.
- b. You are entitled to reject the Kidney Dialysis Foundation's debit instructions if my/our account does not have sufficient funds and charge me a fee for this. You may also at your discretion allow the debit even if this results in overdraft on the account and impose charges accordingly.
- c. This authorization will remain in force until terminated by your written notice sent to me/our address last known to you upon receipt of my/our written revocation through the Kidney Dialysis Foundation.

d. \_\_\_\_\_  
Thumbprint(s)/ Signature(s) as per Bank's Records