



Tzu Chi Foundation
(Singapore)

Please submit this original and completed form to :

Buddhist Compassion Relief Tzu Chi Foundation (Singapore)

No. 9 Elias Road Singapore 519937

UEN: S93SS0148C

Attn: Finance Department [Tel: 6582 9958 Ext. 280 to 286]

Local Relief Fund

TCGIRO-062017

勸募員姓名: Commissioner's Name	勸募員編號: Commissioner's ID	戶號: Household No.
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Section 1: Personal Particulars

中文姓名 _____

Name (Mr/Ms/Company): _____ NRIC/FIN/UEN/ Co., Reg. No.: _____

Address: _____ Postal code: _____

Tel: (H) _____ (HP) _____ Email: _____

My Monthly Donation : _____ *(Minimum amount for Giro Donation is SGD5.00)*

I would like to make my monthly donation of: \$5 \$10 \$50 \$100 Other amount: _____

to **Buddhist Compassion Relief Tzu Chi Foundation (Singapore)** via GIRO with effect from:

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 (DD/MM/YY)

Signature / Thumbprint: _____ Date: _____

I consent to allow **Buddhist Compassion Relief Tzu Chi Foundation (Singapore)** ("**Foundation**") to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with **Foundation** as a regular donor, volunteer, programme participant, and/or beneficiary, including communications on **Foundation's** activities, programmes and services, donation requests, and carrying out research, analysis and development activities for **Foundation's** purposes; and making disclosure required by law or a competent authority.

Please sign up the below Interbank GIRO Application Form

INTERBANK GIRO APPLICATION FORM

Part 1: For Applicant's Completion

Name of Bank : _____ Name as in Bank's Record : _____

Bank Account No. : _____ NRIC/FIN/UEN/Co., Reg. No. : _____

Branch : _____ Contact No. : _____

Payment limit (Maximum amount to be deducted per transaction) : _____

Name of Billing Organisation(BO) : Buddhist Compassion Relief Tzu Chi Foundation (Singapore)

- (a) I/We hereby instruct you to process the BO's instruction to debit my/our account.
- (b) You are entitled to reject the BO's debit instruction if my/our account doesn't 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 overdraft on the account and impose charges accordingly.
- (c) This authorization will remain in force until terminated by your written revocation through the BO.

Signature/ Thumbprint: _____ Date : _____

(For thumbprints, please go to branch with your identification)

Part 2: For Billing Organisation's (BO) Completion

For TZU CHI Official use only

Bank	Branch	BO's Account No.
7 3 7 5	0 1 8	3 5 7 3 0 2 1 3 8 8

Bank	Branch	Account No. to be Debited

BO's Ref No.

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Part 3: For Bank/ Finance Company's Completion

To: **Buddhist Compassion Relief Tzu Chi Foundation (Singapore)**
No. 9 Elias Road, Singapore 519937
Attn: Interbank GIRO Services Tel: 65829958 Ext. 280 to 286

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

- Signature/ Thumbprint differs from Bank records
- Signature/ Thumbprint incomplete/ unclear
- Account operated by signature/ Thumbprint
- Wrong account number
- Amendments no countersigned by customer
- Others : _____

Name of Approving Officer

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Authorised Signature/ Date:

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Buddhist Compassion Relief Tzu Chi Foundation (Singapore)

CHARITY DEVELOPMENT FUND Merger of Local Relief Fund and General Fund

Dear Donor,

Thank you for your support to Buddhist Compassion Relief Tzu Chi Foundation (Singapore) ["Tzu Chi Foundation"]. We would like to inform you that Tzu Chi Foundation is currently proposing a merger of the **Local Relief Fund**¹ and **General Fund**², which will take effect from 1st January 2019, once all, if not the majority of, the donors' consents are obtained.

The new fund will be known as **Charity Development Fund**, which shall encompass the purposes of both the Local Relief Fund and General Fund. With the merged funds, the efficiency and effectiveness of our funds management and operations will be enhanced, enabling us to reach out to more beneficiaries in the community. You may find more information at <https://fundmerger.tzuchi.org.sg/>.

Please note that your donations to Tzu Chi Foundation from 1st September 2018 onwards are deemed to be made with your awareness about the fund merger exercise and consent to it.

Thank you.

With Gratitude,
Board and Management
Buddhist Compassion Relief Tzu Chi Foundation (Singapore)

¹ - The Local Relief Fund is set up to maintain donations (both tax deductible and non-tax deductible) received from the public to be utilised for the purpose of provision of financial/non-financial assistance to the needy so as to benefit the community in Singapore as a whole regardless of race, gender and religion.

² -The General Fund is set up to finance the operation of the Foundation and all other expenses to carry out the missions of the Foundation.

Consent Form

Full Name in English*
(As in NRIC)

NRIC/FIN/UEN*

Contact No.*

**Your personal data will be used to verify your donation records and for update purpose.*

Consent*

I agree to the merger of the two unrestricted funds i.e. Local Relief Fund and General Fund.

I do not agree to the merger of funds i.e. Local Relief Fund and General Fund.

Donor's Signature

Date:

佛教慈济慈善事业基金会（新加坡）

慈善发展基金 慈善基金及发展基金整并

敬爱的捐款者，

感恩您对佛教慈济慈善事业基金会（新加坡）〔“慈济基金会”〕的护持与捐献。慈济基金会在此提议整并现有的慈善基金¹和发展基金²，若慈济基金会顺利获得所有，或大部分捐款者的同意，将于2019年1月1日起生效。

整并后的基金名为“慈善发展基金”，涵盖原有慈善基金和发展基金的用途。进行基金整并的目的是为了提升善款管理及运作的效益，让慈济基金会能更有效地为本地有需要的民众服务，让更多人受益。欢迎您参阅<https://fundmerger.tzuchi.org.sg/cn/>，以了解更多详情。

敬请留意，自2018年9月1日起，您对慈济基金会的捐款将视为您已了解和同意基金整并的计划。

感恩您的支持与配合。

理事会和管理层
佛教慈济慈善事业基金会（新加坡）

1 - 慈善基金所募集到的善款（包括可扣税及不可扣税之捐款）被用于提供本地弱势群体经济及非经济上的援助，不分种族、性别及宗教，服务新加坡本地社区。

2 - 发展基金被用于维持基金会的日常运作，以及推动、执行本地志业项目所需的运作开销。

基金整并同意书

英文姓名（同身份证上一致）* _____

身份证号码（NRIC/FIN/UEN）* _____

联络电话号码* _____

*您所提供的个人资料将作为核对捐款记录及更新捐款者资料的用途。

同意事项*

- 本人同意慈济基金会慈善基金与发展基金的整并。
- 本人不同意慈济基金会慈善基金与发展基金的整并。

捐款者签名* _____

日期： _____