



Malayalam Language Education Society (MLES) Singapore

UEN: T10SS0050C, 50 Senoko Drive, Senoko Industrial Estate, Singapore 758232
Fax: 67536916, Contact No: 92316256, Email: mlessingapore@gmail.com

Application for Membership

| | | | | |
|---|-------------|--|-------------------|--|
| Full Name | | | | |
| Address | | | | |
| Date of Birth | | | | |
| Contact Number | Home | | Mobile | |
| Email | | | | |
| <u>Declaration</u> | | | | |
| I would like to be a member of Malayalam Language Education Society (Singapore); I hereby agree to abide by the rules and regulations of the Society. | | | | |
| Date: | | | Signature: | |
| *Proposed by | Name | | Signature | |
| *Seconded by | Name | | Signature | |
| <u>For Official Use</u> | | | | |
| Membership Number | | | | |
| Approved by Executive Committee on | | | | |
| # Payment Receipt NO: / Payment Mode | | | | |
| Secretary / Treasurer | | | | |
| Approved By Chairman | | | | |
| Date | | | | |

Annual membership fee is S\$ 60 which can either pay one time or monthly instalments. Members, who contributes more than S\$ 60 will be treated as donation and will account separately in financial records.

* Proposer and Seconder must be an existing MLES member.

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION

(Please fill in all the fields. Incomplete forms may not be processed)

Please (tick) the amount that you would like to contribute monthly to **Malayalam Language Education Society (Singapore)**

| | | | | | | | | | | | | |
|--------------------------|-----|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|----|---------------------------------|
| <input type="checkbox"/> | \$5 | <input type="checkbox"/> | \$10 | <input type="checkbox"/> | \$20 | <input type="checkbox"/> | \$25 | <input type="checkbox"/> | \$50 | <input type="checkbox"/> | \$ | Other amounts (Please indicate) |
|--------------------------|-----|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|----|---------------------------------|

Date:
x _____

Name of Billing Organisation ("BO"):
Malayalam Language Education Society (Singapore)

To: My/Our Bank ("Bank")
x _____

MLES Member's Reference Number:
x _____

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) 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.
- (c) This authorisation will remain in force until
- (i) The Bank's written notice sent to my/our address last known to the Bank;
 - (ii) Upon the Bank's receipt of my/our written revocation; or
 - (iii) Upon the Bank's receipt of the notice of expiry from the BO.

NOTE: BO's should print and make whether this option is applicable or available to their customers

My/Our Name(s) as in Bank's record
x _____

My/Our Contact (Tel/Fax) Number(s):
x _____

My/Our Account Number:
x _____

My/Our Signature(s)/Thumbprint(s)*:
x _____
(as in bank's records)

PART 2: FOR Malayalam Language Education Society (Singapore)

| | |
|-------------|--|
| SWIFT BIC | Malayalam Language Education Society (Singapore) |
| OCBCSGSGXXX | 514758424001 |

| |
|---------------------------------|
| MLES Member's Reference Number: |
| |

| | |
|-----------|-------------------------------------|
| SWIFT BIC | MLES Member's A/C no: To Be Debited |
| | |

PART 3: FOR BANK'S COMPLETION

To: Malayalam Language Education Society (Singapore), 50 Senoko Drive, Senoko Industrial Estate, Singapore 758232

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

Name of Approving Officer Authorised Signature Date

* For thumbprints, please go to the branch with your identification
Please delete where inapplicable