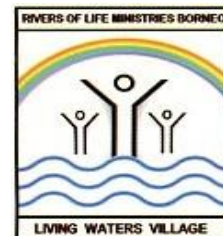


GIRO APPLICATION FORM

LIVING WATERS VILLAGE LIMITED



Part 1: FOR APPLICANT'S COMPLETION

Ministry Supporting: _____

Date:	Name of Billing Organization ("BO"): LIVING WATERS VILLAGE LIMITED Tel: +65 6337 9122 Fax: +65 6337 2216
To: My/Our Bank ("Bank")	Please debit the amount shown below from my account: Monthly: <input type="checkbox"/> \$20 <input type="checkbox"/> \$40 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 Others: _____
Branch:	Donor Reference's Number (Please fill in your I/C No.)

- (a) I/We hereby instruct the Bank to process BO's instruction 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 BO.

My/Our Name(s):	My/Our Contact (Address/Tel/Fax/E-mail):
My/Our Account Number:	My/Our Company Stamp/Signature(s)/Thumbprint(s)*

(As in Financial Institution's records)

Part 2: FOR LIVING WATERS VILLAGE LIMITED'S COMPLETION

SWIFT BIC	Living Waters Village Limited Account No.	Donor's Reference's No.
OCBCSGSGXXX	686-303199-001	

SWIFT BIC	Donor's Account No. To Be Debited

Part 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: **Living Waters Village Limited**, 600 North Bridge Road, #05-01 Parkview Square, Singapore 188778

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

- | | |
|--|---|
| <input type="checkbox"/> Signature/thumbprint# differs from Financial Institution's record | <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