

1.	Sponsored Child			
	Name of Child:			
2.	Child Sponsor Commitment Child Sponsor arrangement will terminate only when advised in writing by you.			
	2a I will sponsor the child at S\$120 per month.			
	2b I will co-sponsor a child at S\$60 per month.			
	My co-sponsor is			
3.	Payment Mode Sponsorship period*: ↑ Monthly ↑ Quarterly ↑ Half-yearly ↑ Annually (*please tick)			
	Amount: Start Date End Date			
	 By Cheque Please address the cheque to: The Operation Hope Foundation Ltd Kindly write your full name behind the cheque. A receipt will be sent to you. If you do not receive the receipt within one month, please contact us at: admin@ohf.org.sg or 62543886 			
	 By GIRO Please fill in the attached GIRO form and kindly mail it to us with this form. 			
	By BANK TRANSFER We will contact you with the details or feel free to get in touch at admin@ohf.org.sg, or 62543886			
4.	Essential Particulars of Sponsor			
	Name: Ms/Mr/Mrs/Mdm			
	Address:			
	Email:			
	Tel no.: HP no.:			
	Signature:			
5.	Other Useful Information (Optional) If you are comfortable, please share with us the following details that will help us assess in what other ways you may assist us.			
	How did you get to know about us?			
	Occupation/Name of Company:			
	Religion/Place of Worship:			



Please complete PART 1 of this form and return to the Billing Organization

Part 1: F	For Applicant's Completion	(fill in the spaces in	dicated with a ✓)	
✓ Date ✓ To: Name of Bank / Finance Company		✓ Name of Billing Organization ("BO") The Operation Hope Foundation Ltd ✓ BO's Customer Name		
 You are entitled to reject the doing. You may also, at you accordingly. 	ir discretion, allow the debit	our account does not leven if this results in	nave sufficient funds and charge me/us a fee for an overdraft on the account and impose chargesent to my/our address last known to you or up	
Iy/Our Name(s):		My/Our Contact Te	l/Fax/Handphone No(s):	
		✓		
My/Our Account No:		My/Our Company Stamp/Signature(s)/Thumbprint(s) ✓		
Deals Drench		Organization's Comp		
Bank Branch	BO's Account	No.	BO's Customer Ref No	
3 7 5 0 0 1				
Bank Branch	Account No to be d	lebited		
	Part 3: For Bank / Fin	ance Company's Co	ompletion	
o : The Manager			(Name & Address of B	
his application is hereby REJEC Signature/Thumbprint # differ Signature /Thumbprint # incoma Account operated by signature	rs from Bank's Finance Co's r mplete/unclear #	ecords [] Wrong a	account number ments not countersigned by customer	
Tame of Approving Officer	Authorise	d Signature	Date	