

Operation Hope Foundation  
Child Sponsorship Form  
Nepal (Hope Trust Nepal)



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\$100 per month.

2b I will co-sponsor a child at S\$50 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](mailto: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](mailto: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: For Applicant's Completion (fill in the spaces indicated with a ✓)	
✓ Date	✓ Name of Billing Organization ("BO") <b>The Operation Hope Foundation Ltd</b>
✓ To: Name of Bank / Finance Company	✓ BO's Customer Name
✓ Branch:	✓ BO's Customer Reference No.

- 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 does not have sufficient funds and charge me/us a fee for so doing. You may also, at your discretion, allow the debit even if this results in an overdraft on the account and impose charges accordingly.  
 c) This authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our revocation through the BO.

My/Our Name(s):

✓ \_\_\_\_\_

My/Our Contact Tel/Fax/Handphone No(s):

✓ \_\_\_\_\_

My/Our Account No:

✓ \_\_\_\_\_

My/Our Company Stamp/Signature(s)/Thumbprint(s)

✓ \_\_\_\_\_

(As in Bank/Finance Company's record)

\*For thumbprints, please go to branch for your identification.

**Part 2: For Billing Organization's Completion**

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

BO's Customer Ref No

Bank	Branch	Account No to be debited

**Part 3: For Bank / Finance Company's Completion**

To : The Manager

(Name & Address of BO)

Attn:

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

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank's Finance Co'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

# Please delete where inapplicable