

Operation Hope Foundation

**TJSSS (Training Job Skills for the Service Sector) - (Student) Sponsorship Form**

**1. Sponsored Student**

Name of Student: \_\_\_\_\_ (will provide name when class starts)

Country: Cambodia (HTC)

**2. Student Sponsor Commitment**

*Student Sponsor arrangement will terminate only when advised in writing by you.*

2a. I will sponsor a TJSSS student (3 months course) for \$600.

2b. I will sponsor a TJSSS student (7 months course) for \$1200

**3. Payment Mode**

**By Cheque**

- *State the period:*  Monthly  Quarterly  Half-yearly  Annually
- *Issue cheque to: The Operation Hope Foundation Ltd*
- *Write your full name behind the cheque.*
- *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**

- *Fill in the GIRO form and mail it to us with this form.*

**4. Essential Particulars of Sponsor**

Name: \_\_\_\_\_

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:

✓ \_\_\_\_\_

(As in Bank/Finance Company's record)

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

✓ \_\_\_\_\_

\*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):

- [ ] Signature/Thumbprint # differs from Bank's Finance Co's records [ ] Wrong account number  
 [ ] Signature /Thumbprint # incomplete/unclear # [ ] Amendments not countersigned by customer  
 [ ] Account operated by signature/thumbprint # [ ] Others \_\_\_\_\_

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

# Please delete where inapplicable