

LOSS OF DONATION CARD / COLLECTED DONATIONS

Name: _____ NRIC Number: _____

Address: _____

Contact Number: _____ (R) _____ (Mobile/ Office)

Date and place of loss of donations: _____

Date and place of loss of donation cards: _____

Donation card serial number: _____

Amount of donation collected: _____
(Please write amount in full)

1. I declare that the above particulars and information given are true and correct.

2. I do not suspect any element of theft in the loss of my donation card / collected donations. * (Note: A Police report shall be made if the donation card / collected donations* is **stolen**.)

Signature: _____

Date: _____

* Please delete accordingly.

By signing this form, I consent to the collection, use and disclosure of my personal data provided in this form by CCF for the specified purposes of processing a lost donation card report and contacting me for further information in the event of a dispute or any investigation or proceedings.