

**LOSS OF DONATION CARD / COLLECTED DONATIONS**

Name: \_\_\_\_\_ NRIC/FIN 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.