

CHANGE OF PLAN / MODE OF PAYMENT

PART 1: PARTICULARS OF CLIENT				
Name (as per your NRIC / Passport) _____		Relationship to the child		Mother / Father
NRIC No. (Singaporean / PR only) _____		Date of Birth		DD MM YYYY
Home No. _____	Office No. _____	Mobile No. _____		
PART 2: CHANGE OF PLAN				
I hereby authorise Cordlife to supersede my plan in the Client Service Agreement I signed with you with my preferred choice of plan below. Please tick (✓) the appropriate circle (○) for your preferred choice of plan option.				
<input type="radio"/> Annual Plan <input type="radio"/> 10-Year Plan <input type="radio"/> 21-Year Plan <input type="radio"/> Others _____				
PART 3: CHANGE OF MODE OF PAYMENT				
I hereby authorise Cordlife to supersede my mode of payment in the Client Service Agreement I signed with you with my preferred mode of payment below. Please tick (✓) the appropriate circle (○) for your preferred mode of payment option.				
<input type="radio"/> Others , please state _____				
<input type="radio"/> Cheque payment (Please cross Cheques and make payable to "Cordlife Group Limited".) Bank / Branch (if applicable) _____ Cheque No. _____				
<input type="radio"/> Credit card payment OR <input type="radio"/> Credit card payment using Instalment Payment Plan¹				
¹ Please tick (✓) the appropriate circle (○) for your preferred mode of Instalment Payment Plan.				
<input type="radio"/> UOB 0%-interest 6 / 12 / 24 month Plan ² <input type="radio"/> CBG 0%-interest 12 month Plan <input type="radio"/> OCBC 0%-interest 6 / 12 / 24 month Plan ² <input type="radio"/> DBS 0%-interest 6 / 12 / 24 month Plan <input type="radio"/> AMEX 0%-interest 6 / 12 / 24 month Plan				
Please complete your credit card information.				
Card No. _____		Security No. _____		
Name of Cardholder _____		FDBC (4-Digit, Amex Only) _____		
Signature of Cardholder _____		Expiry Date _____		
² Cardholder is required to swipe his / her credit card at our corporate office.				
<input type="radio"/> Children Development Co-Saving (Baby Bonus) Scheme payment Please complete one (1) set of Authorization for CDA and GIRO form (OCBC and / or Standard Chartered bank) for each child. In the event that Cordlife does not receive your set of completed document or your child's CDA has insufficient funds two (2) months from the actual date of your delivery, Cordlife will reserve the right to bill the fees payable from the credit card below without prior notice. Please note that Cordlife will not reverse any credit card charges for any instances. Please complete your credit card information.				
Card No. _____		Security No. _____		
Name of Cardholder _____		FDBC (4-Digit, Amex Only) _____		
Signature of Cardholder _____		Expiry Date _____		
PART 4: SIGNATURE OF CLIENT				
I understand that you have the right to reject this application at your sole and absolute discretion. I also understand and in the event that my application is rejected, you are not under any obligation to provide me any explanation.				
Signature of Client (Biological Mother / Biological Father) _____				Date _____
Note:				
<ul style="list-style-type: none"> Please do NOT use any correction fluid. Kindly countersign for any amendments. 				
FOR CORDLIFE USE				
Change of Plan Previous Plan AP / 10 / 21 Previous Amount S\$ _____ New Amount S\$ _____ <input type="checkbox"/> SEPAX Discount S\$ _____		Change of MOP Previous MOP CASH / CHQ / CC / IPP / CDA ADD _____ Attended by (name / date) _____		Processed by (name / signature/ date) _____ Approved by (name / signature/ date) _____ Contract No / Collection Kit No : _____ <i>or paste Barcode Label</i>
FOR CORDLIFE FINANCE USE				
<input type="checkbox"/> New contract plan invoice generated & sent	Charge / Refund S\$ _____	Credit note: _____	New invoice no.: _____	Done by: _____