

AUTHORIZATION FOR CHILDREN DEVELOPMENT ACCOUNT (CDA)

PART 1: PARTICULARS OF CLIENT												
Name (as per your NRIC / Passport)	_____											
Relationship to the child	Mother / Father											
NRIC No. (Singaporean / PR only)	_____	Mobile No. _____										
PART 2: PAYMENT INSTRUCTION												
I hereby agree to pay Cordlife all the applicable fees inclusive of GST from my child's Children Development Account (CDA) as set out in the schedule of fees in the Client Service Agreement I signed with you.												
Please tick (✓) your payment plan.												
<input type="checkbox"/> Annual Plan ✓ 1 st upfront payment ✓ Subsequent payment (till CDA is closed)	<input type="checkbox"/> 10-Year Plan ✓ 1 st upfront payment ✓ Subsequent payment (till CDA is closed)	<input type="checkbox"/> 21-Year Plan ✓ 1 st and only payment										
<input type="checkbox"/> Applicable to Annual Plan and 10-Year Plan only I do not wish to pay the subsequent payment from my child's CDA. I will notify Cordlife <u>two (2) months</u> in advance with a complete set of CDA forms should I decide otherwise.												
<i>For existing clients of Cordlife</i> I hereby agree to pay Cordlife all the applicable fees inclusive of GST from my child's Children Development Account (CDA) for the following.												
<input type="checkbox"/> Annual subsequent payment												
<input type="checkbox"/> Preferential Plan												
PART 3: I AM PAYING FROM MY CHILD'S OWN CDA												
Trustee's Name (CDA account holder)	_____											
Relationship to your child	Mother / Father / Others, please state : _____											
Child's Name (CDA account holder)	_____											
Child's Birth Certificate No.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">T</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>		T									
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PART 4: I AM PAYING FROM HIS / HER SIBLING'S CDA												
Trustee's Name (CDA account holder)	_____											
Relationship to your child	Mother / Father / Others, please state : _____											
Child's Name (CDA account holder)	_____											
Child's Birth Certificate No.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">T</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>		T									
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Child's Name (payment for)	_____											
Child's Birth Certificate No.	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">T</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>		T									
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PART 5: SIGNATURE OF TRUSTEE												
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 Trustee (CDA account holder)	Date											
Note:												
<ul style="list-style-type: none"> Please do NOT use any correction fluid on this and the Bank's GIRO forms. Kindly countersign for any amendments. Please complete one (1) set of Authorization for CDA and GIRO form (OCBC and/ or Standard Chartered bank) for each child 												
FOR CORDLIFE USE												
AS	Attended by (name / date)	Contract No / Collection Kit No:										
<input type="checkbox"/> Pay from year _____												
<input type="checkbox"/> Pay for outstanding												
Preferential Plan	Processed by (name / signature / date)	<i>or paste Barcode Label</i>										
P10 / P21												