

Child's Recent Photo

Registration Form

Child's Name (Please underline family name)			Date of Birth (DD/MM/YYYY)		
Hanyu Pinyin		Chinese Characters		Country of Birth	
Nationality	Race	Birth Order	No. of Siblings		
Address			BC / FIN / UIN Number		
			Home Telephone		
			Home Email Address		
Mother's Name	NRIC/Passport/UIN/FIN No.		Mother's Signature		
	Date of Birth (DD/MM/YYYY)				
	S'pore Pink	S'pore Blue			
Company's Name and Address			Occupation		
			Business Tel.		Mobile No.
Employment from Date			Email Address		
Father's Name	NRIC/Passport/UIN/FIN No.		Father's Signature		
	Date of Birth (DD/MM/YYYY)				
	S'pore Pink	S'pore Blue			
Company's Name and Address			Occupation		
			Business Tel.		Mobile No.
			Email Address		
Date of Enrollment	Preferred Programme with Raffles House		Subsidised Yes / No		
	AM Session / Full Day / Others				
Child's Likes, Dislikes, Special Needs and Requirements					

Child's Medical Record

Child's Name					
Date of Birth			Birth Certificate Number		
Vaccination and Immunisation				Date	
BCG (Tuberculosis)					
DPT / POLIOMYELITIS					
1 ST Booster					
2 ND Booster					
3 RD Booster					
Measles					
Has your child ever developed:					
Date			Orientation: Right Handed or Left Handed		
Chicken Pox _____			Physical Disadvantages:		
Mumps _____			Speech _____		
Measles _____			Visual _____		
German Measles/Rubella _____			Audio _____		
			Movement _____		
			Any Others _____		
Any Food or Drug Allergies: (Special Instructions)					
Name, Address & Telephone Number of Your Family Doctor:					
Other Medication Conditions					
Congenital Heart Disease		Yes	No	Epileptic fits	
Hare Lip & Cleft Palate		Yes	No	Febrile Fits	
Bronchitis		Yes	No	Skin Problems	
Asthma		Yes	No	Others:	

Name of Parent: _____ Signature of Parent: _____ Date: _____



Authorisation for the Collection of Children

This is to inform you that in the event/in case of emergency that I am not able to collect my child/ward from the Centre, I, _____, NRIC No./Passport No. _____, parent/guardian of child/ward, _____, Birth record No. _____, hereby authorise the following person/s to collect my child/ward on my behalf.

Authorised Person/s	Relation to the Child	NRIC/Passport No.	Contact Numbers

Date: _____

Signature of Parent: _____

Alternative Care Arrangement for Children During Emergency

Early Childhood Development Agency (ECDA) has requested all licensed childcare centre to find out if parents have provisions for alternative childcare arrangement in the event of ECDA initiated closure of centre due to unforeseen circumstances such as HFMD, SARS, etc. Please furnish the following information and return the form to the school. Thank you for your cooperation.

No.	Name of Caregivers (s)	Relationship	Contact Tel. No.	Remarks (if any)

Name of Child: _____

Class: _____

Signature of Parent: _____ Contact No. _____ Date: _____



Parents who do not have alternative childcare arrangement, please indicate below:

I am not able to make alternative childcare arrangement.

Name of Child: _____

Class: _____

Signature of Parent: _____ Contact No. _____ Date: _____



Authorisation Form for Medical Attention

I, _____, of NRIC No./Passport No. _____, hereby authorise members of the staff to take my child/ward to a doctor or hospital to seek medical attention in the case of an accident or any other emergency.

I hereby agree to meet all expenses incurred for any such medical treatment. I understand and agree that the management cannot be held responsible for any accidents or misadventure that may occur while my child/ward is in the care of the school.

Name of Parent: _____

Name of Child: _____

Signature of Parent: _____ Date: _____



Collection of Parents' Handbook

1. This is to confirm that I have received the Raffles House Parents' Handbook.
2. I hereby agree to the terms and conditions as stipulated in the Raffles House Parents' Handbook.

Name of Parent: _____

Name of Child: _____

Signature of Parent: _____ Date: _____

Your personal information, including but not least, mobile number, email address, children's photos taken in-house will be used by the school/organisation to communicate directly with you, and for school's own logistic and for purpose of circulation news and information. Registering your child/children with us automatically confirms your consent. You may inform us at any point in time, after your child/children has left the school, that you do not wish to have your person information for such purpose, and we will promptly ensure that such uses will be halted immediately.

The School may periodically hold enrichment/special classes and programmes for your child. The School will assume that you wish to be kept informed of such classes and programmes, as these are part of the school's curriculum and activities. If you do not wish to be kept informed, please informed us with a written note.

EARLY CHILDHOOD DEVELOPMENT AGENCY

APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE CUM SUBSIDY APPLICATION

1. This form will take 10 – 15 minutes to complete.
2. You will need the following documents:
 - Child's Birth Certificate/ Passport No.
 - NRIC/ Passport No. and employment details of Mother / Single Father / Guardian
3. This application form is both an enrolment and application for childcare subsidies. If you do not wish to apply for Additional Subsidy, the relevant sections (except for Section VII and VIII) still need to be filled
4. The information provided in the form will be used to assess your eligibility for both Basic and Additional Subsidy for the duration that your child is in a child care centre
5. The eligibility criteria for Additional Subsidy are as follows:
 - Child is a Singapore Citizen
 - Main applicant is working 56 hours or more per month
 - Gross monthly household income (HHI)¹ does not exceed \$7,500 or Per Capita Income (PCI)² does not exceed \$1,875
6. If there are 5 or more family members in your household including more than 2 dependents³, you may wish to apply for the Additional Subsidy based on your family's PCI for larger households

SECTION I APPLICATION FOR ADDITIONAL SUBSIDY

- I wish to apply for Additional Subsidy via the following (please tick only one)
- Household income (HHI) - (Please complete all Sections except for Section VIII)
 - Per Capita Income (PCI) - (Please complete all Sections)
 - I do not⁴ wish to apply for Additional Subsidy (Please continue to complete all Sections except for Sections VII and VIII)

SECTION II CENTRE DETAILS

Centre Name:			
Centre Address:		Postal Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION III ENROLMENT DETAILS

Admission Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)		
Type of Care Programme:	<input type="checkbox"/> Infant	<input type="checkbox"/> Child	<input type="checkbox"/> Student Care Service
	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half-Day (AM)	<input type="checkbox"/> AM
	<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Half-Day (PM)	<input type="checkbox"/> PM
	<input type="checkbox"/> Flexi Care 1 - 12 hours to 24 hours per week		
	<input type="checkbox"/> Flexi Care 3 - Above 36 hours to 48 hours per week		
Fee Paid for the Enrolment Month: (To be filled by centre)	<input type="checkbox"/> Full Month Fee <input type="checkbox"/> Pro-rate 2 weeks Fee <input type="checkbox"/> No Fee / Free Trial / Pro-rate fee less than 2 weeks (not entitled to subsidy) <input type="checkbox"/> No Fee (supported by Family Service Centre / Community Development Council)		

¹ Applicants who are salaried employees, your monthly household income will be based on the average monthly income received over the last available 12 month period, including bonuses and allowances. For salaried employees, we will check with CPF on your income details upon your consent.

² Per Capita Income (PCI) = $\frac{\text{Total gross monthly household income of family members}}{\text{Number of family members living in the same household}}$

³ Dependents refer to persons living in the same household as the main applicant, related by blood and who are not earning an income.

⁴ If you subsequently apply and are eligible, Additional Subsidy will only be disbursed from the time your application is approved

SECTION IV CHILD'S PARTICULARS	
Name as in Birth Certificate / Passport:	
Birth Certificate / FIN / Passport No.:	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Is Child currently also enrolled in another centre ⁵ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please state the Programme Type enrolled: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day (AM) <input type="checkbox"/> Half Day(PM) <input type="checkbox"/> Flexi 1/3 <input type="checkbox"/> Student Care Services
SECTION V MOTHER / SINGLE FATHER / GUARDIAN'S PARTICULARS	
Name as in NRIC / FIN / Passport:	
NRIC / FIN / Passport No.:	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____
Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> MSF Foster Mother <input type="checkbox"/> Head, Children Home <input type="checkbox"/> Others _____
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Residential Address	
Block No.:	_____ Floor No.:
Building Name:	_____ Unit No.:
Street Name:	_____ Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Handphone No.:	Home Tel No.:
Email Address:	
Working Status:	<input type="checkbox"/> Working 56 hrs or more per month ⁶ <input type="checkbox"/> On no-pay leave <input type="checkbox"/> Working less than 56 hrs per month <input type="checkbox"/> Not working
IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:	
Company Name:	
Commencement Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)

⁵ This information is for centres to advise parents on eligible programme type if child is enrolled in another programme at a different centre.

⁶ Inclusive of self-employed, working from home, project basis etc.

Company Address <input type="checkbox"/> Local <input type="checkbox"/> Overseas	
Block No: _____	Floor No.: _____ Unit No.: _____
Building Name: _____	Street Name: _____
Office Tel No.: _____	Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SECTION VI SPOUSE'S PARTICULARS	
Name as in NRIC / FIN / Passport:	_____
NRIC / FIN / Passport No.:	Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy)
Nationality:	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others _____
Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others _____
Handphone No.:	Email Address: _____
Working Status:	<input type="checkbox"/> Working <input type="checkbox"/> Not Working

SECTION VII DECLARATION OF GROSS MONTHLY INCOME OF MAIN APPLICANT (MOTHER / SINGLE FATHER) AND SPOUSE				
NOTE				
<ul style="list-style-type: none"> For a parent who is a salaried employee receiving CPF contribution, we will check with the CPF Board on your gross monthly income. Gross monthly income is based on the average monthly income received over the last available 12 month period, including bonuses and allowances. For a parent who is self-employed, he/she will need to declare the gross monthly income based on the latest Notice of Assessment from the Inland Revenue Authority of Singapore (IRAS). If the Notice of Assessment is not available, he/she is required to submit a Statutory Declaration (using the template provided by the childcare centre) on the details of his/her trade/business/profession/vocation and the gross monthly income derived from the trade/business/profession/vocation. 				
Items	Applicant		Applicant's spouse	
Do you work \geq 56 hours/month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is your spouse working?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salaried employees				
(a) Are you a salaried employee who receives monthly CPF contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Did you only start your current employment in the past 2 months prior to this application? (Please declare your income in the space below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declaration of gross monthly income for those who only started work in the past 2 months prior to this application	\$_____ .00		\$_____ .00	
Self-employed persons				
(c) Are you a self-employed person? (Please declare your income in the space below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declaration of gross monthly income for self-employed persons				
Self-employed persons are required to provide supporting documents (e.g. latest Notice of Assessment from IRAS) to verify their working status and earnings. Otherwise a Statutory Declaration (SD) is required.	\$_____ .00		\$_____ .00	

SECTION VIII APPLICATION FOR ADDITIONAL SUBSIDY BY PER CAPITA INCOME (PCI)

(Please attach copies of the family members' NRIC or BC)

Note

For salaried employee, we will be retrieving your income data from the CPF Board.

For family members who have just started working within the last 2 months or are salaried employee without CPF contributions or self-employed person, please declare gross monthly income below:

	Name of Family Members	NRIC/ BC No.	Date of Birth	Relationship with child	Gross Monthly Income
1					
2					
3					
4					
5					
6					
7					
8					

SECTION IX DECLARATION BY MAIN APPLICANT (MOTHER / SINGLE FATHER / GUARDIAN)

1. I/We are aware that the information provided in this application will be given to and used by the Early Childhood Development Agency ("ECDA") to determine my/our eligibility for the infant/child care subsidy.
2. I/We consent to the following organisations disclosing to ECDA and (where applicable) its appointed agent(s) the following information described in 2.1 to 2.3 below, at any time from the date of this consent during the entire period that my child is/children are enrolled in this child care centre, where such disclosure is necessary for the purposes of means-testing or otherwise determining my/our eligibility for the infant/child care subsidies for which I/we have applied (the "Purpose").
 - 2.1 The Comptroller of Income Tax (the "Comptroller") disclosing of my/our Employment and/or Trade income as assessed by IRAS and, for self-employed persons, the monthly income derived from the last available net trade income as assessed by IRAS within the last 2 assessment years.
 - 2.2 The Central Provident Fund Board (the "CPF Board") disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by ECDA and any information that can be derived from those contributions.
 - 2.3 The Immigration and Checkpoints Authority (the "ICA") disclosing the address of the applicant and/or family members who are included in this application form.
3. I/We also understand that any part of this application improperly completed may lead to the rejection of the application for subsidies.
4. I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or do not believe to be true. Should there be any change in gross monthly income of applicant and spouse from what is declared in this application form, I/we will update the child care centre at the earliest.
5. I hereby consent to the Early Childhood Development Agency ("ECDA") releasing my particulars and those of my child/children/ family members(s) presently in a child care centre to the following agencies
 - 5.1 Health Promotion Board (HPB). I also consent to my child/children being screened under the health programmes of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.
 - 5.2 Immigration and Checkpoints Authority (ICA). I understand that ICA will keep my particulars and those of my family members strictly confidential.

Main Applicant			
	If the main applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant.		
(Signature of main applicant)	(Signature of parent/guardian of main applicant)		
Name: _____	Relationship to main applicant: _____		
NRIC: _____	Name: _____		
Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NRIC: _____		
	Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Main Applicant's Spouse			
	If the main applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant's spouse.		
(Signature of main applicant's spouse)	(Signature of parent/guardian of main applicant's spouse)		
Name: _____	Relationship to main applicant's spouse: _____		
NRIC: _____	Name: _____		
Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NRIC: _____		
	Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Family Members (For PCI application only)			
Name	Name	Name	Name
NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.
Signature	Signature	Signature	Signature
Date	Date	Date	Date
Name	Name	Name	Name
NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.
Signature	Signature	Signature	Signature
Date	Date	Date	Date

SECTION X VERIFICATION / DECLARATION BY CHILD CARE CENTRE

I have verified the following documents and retained a copy at centre for record purposes:
 (Please tick where applicable)

- Child's birth certificate/FIN/passport
- Main applicant / Spouse's NRIC /FIN/passport
- Latest Notice of Assessment from the Inland Revenue Authority of Singapore (IRAS) or a Statutory Declaration (for those who do not have the Notice of Assessment) from the Applicant and/or Applicant's Spouse who is self-employed

I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].

I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Infant / Childcare Centre	Centre Code	Contact No.
Name / Designation of CCC Personnel	Signature	<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <p style="text-align: center; margin-top: 5px;">Date (dd/mm/yyyy)</p>



APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with ✓)

Date: ✓ _____ To: Name of Bank: ✓ _____ Branch: _____ Payment limit: (Maximum amount to be deducted per transaction): ^{Note} ✓ _____	Name of Billing Organisation ("BO"): ✓ _____ Billing Organisation's Customer's Name: ✓ _____ Billing Organisation's Customer's Reference Number: ✓ _____ Expiry date of this authorisation: ^{Note} ✓ _____
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- (a) I/We hereby instruct you to process the BO's instructions 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 this. 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 authorisation 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 written revocation through the BO.
 (d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.
^{Note:} BOs should print and make clear whether this option is applicable or available to their customers.

My/Our Name(s) as in Bank's record ✓ _____ My/Our Account Number: ✓ _____	My/Our Contact (Tel/Fax) Number(s): ✓ _____ My/Our Company Stamp/Signature(s)/Thumbprint(s)*: ✓ _____ <div style="text-align: center;">(as in bank's records)</div>
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PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number	Billing Organisation's Reference Number

Bank	Branch	Account Number To Be Debited

PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

This Application is hereby REJECTED (please tick) for the following reason(s):

- | | |
|---|---|
| <input type="radio"/> Signature/Thumbprint [#] differs from Bank's records | <input type="radio"/> Wrong account number |
| <input type="radio"/> Signature/Thumbprint [#] incomplete/unclear [#] | <input type="radio"/> Amendments not countersigned by customer/BO |
| <input type="radio"/> Account operated by signature/thumbprint [#] | <input type="radio"/> Others: _____ |

_____ Name of Approving Officer	_____ Authorised Signature	_____ Date
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* For thumbprints, please go to the branch with your identification.

[#] Please delete where inapplicable

OCBC Children Development Account (CDA) Interbank GIRO Application Form

APPLICATION FORM FOR INTERBANK GIRO FOR OCBC CHILDREN DEVELOPMENT ACCOUNT (CDA)

HOW TO APPLY

1. Complete Section A of this form
2. Sign against amendments and do not use correction fluid.
3. Submit to the Approved Institution.

Funds in the OCBC Children Development Account (CDA) or CDA Extra can be deducted via GIRO to pay Approved Institutions.

Approved Institution (AI) means childcare centre, kindergarten, special education school or healthcare institution in respect of which approval has been granted to a person as an approved person under regulation 11 of the Children Development Co-Savings Act 2001.

Please log onto MCYS's website (www.babybonus.gov.sg) for the list of Approved Institutions.

A. FOR TRUSTEE'S COMPLETION

Name of Approved Institution (AI):

(Please check with your AI for the correct name used to deduct CDA funds)

Child's Name (as in CDA): _____

Child's Birth Certificate: T CDA No.:

Trustee's Name: _____

Trustee's Contact Nos.: Home: _____ Mobile: _____ Office: _____

- (a) I hereby instruct OCBC Bank to process the Approved Institution's instructions to debit my OCBC Children Development Account (CDA).
- (b) I hereby consent to OCBC Bank disclosing all information in relation to my OCBC CDA to any third party which OCBC Bank deems fit for purposes of the GIRO deduction specified in this application form.
- (c) OCBC Bank is entitled to reject the Approved Institution's debit instruction if my OCBC CDA does not have sufficient funds.
- (d) This authorisation will remain in force until terminated by OCBC Bank's written notice sent to my address last known to the Bank or upon receipt of my written revocation through the Approved Institution or to the Bank.

Signature: _____ Date: _____

For thumbprints, please verify with OCBC branch before submitting this form to the Approved Institution.

B. FOR APPROVED INSTITUTION'S COMPLETION	C. FOR BANK'S COMPLETION
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AI's Account No.:	Bank Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Branch Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
OCBC CDA No.:	Bank Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Branch Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="9"/>	<small>(Branch code is the 1st 3 digits of the OCBC CDA No.)</small>
	Account No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<small>(Following 9 digits of the OCBC CDA No.)</small>
Reference No.: (Birth Certificate No. or Other Serial No.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

To: Approved Institution _____

Rejection Reason: Signature/thumbprint ^ differs from Bank's record
 Signature/thumbprint ^ incomplete/unclear
 Account operated by signature/thumbprint ^
 Invalid CDA Account Number
 Invalid AI Account Number
 Not an MCYS authorised AI
 Reference number not filled up
 Amendments not countersigned
 Other reason (please state below) _____

^ Please delete where inapplicable

Name of Officer: _____

Authorised Signature & Stamp: _____

Date: _____

WMDP-FM-BBMAGRO-081121



Ask OCBC
www.ocbc.com



Application for Interbank GIRO for Children Development Account (CDA)

NEW GIRO Instruction

DELETE GIRO Instruction

Part 1 for Applicant's Completion

Name of Child (as in CDA)	
Birth/Citizenship Certificate No. of Child	T
Bank	Standard Chartered Bank (Singapore) Limited (the "Bank")
Children Development Account No.	
Trustee's Name (as in CDA)	
Name of Approved Institution* (AI)	

(Please check with your AI for the correct AI name used to deduct CDA funds)

* "Approved Institution" means child care centre, kindergarten, special education school or healthcare institution in respect of which approval has been granted to a person as an approved person under regulation 11 of Children Development Co-Savings Act 2001.

Important:

- a) I/We hereby instruct the Bank to process the AI's instructions to debit my/our account.
- b) The Bank is entitled to reject the AI's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) I/We consent to the Bank's and the AI's collection, use, disclosure and processing of my/our information and particulars in this form, in accordance with applicable laws, for the purpose of processing my/our application and effecting this debit instruction in accordance with applicable laws and otherwise in accordance with the Bank's or (as the case may be) the AI's privacy policy.
- d) This authorisation will remain in force until:
 - i. the Bank's written notice sent to my/our address last known to the Bank;
 - ii. upon the Bank's receipt of my/our written revocation; or
 - iii. upon the Bank's receipt of the notice of expiry from the AI.
- e) I/We agree to be bound by all terms and conditions in this form and those governing my/our relationship with each of the Bank and the AI. If there is any inconsistency, the Bank's or (as the case may be) the AI's terms & conditions shall prevail.

Trustee's Signature / Thumbprint
(For thumbprints, please proceed to the bank with your identification)

Date

Part 2 for Approved Institution's Completion

BIC	Approved Institution's Account No.	Birth/Citizenship Certificate No. of Child
		T
BIC	Children Development Account No.	Approved Institution's Reference No.
S C B L S G S G X X X		

Part 3 for Financial Institution's Completion



To: Approved Institution

This application is hereby REJECTED for the following reason(s):

- Signature/Thumbprint differs from Financial Institution's records
- Signature/Thumbprint incomplete/unclear
- Account operated by Signature/Thumbprint
- Wrong account number
- Amendments not countersigned by customer
- Others _____

Name of Approving Officer

Authorised Signature / Date