

To:

**StemCord Pte Ltd**

100 Pasir Panjang Road

#03-02/03/04

Singapore 118518

**BILLING INSTRUCTION AUTHORIZATION LETTER**

I hereby authorize StemCord Pte Ltd to debit my Children Development Account (CDA) for the following fees payable to you under the Cord Blood Banking Storage Agreement I have signed.

StemCord Cord Blood Banking Services

Enrolment Fee (Initial One-time payment)

Amount: \_\_\_\_\_

Annual Storage Fee

No. of Year(s): 1 /2 /3 /4 /5 /6 /7 /8 /9 /10 /11 /12 /Yearly\*

Amount: \_\_\_\_\_

(\*Please delete accordingly)

Particulars of Trustee	
Trustee's Name (as in CDA)	Relationship with Child
Name of Child (as in CDA)	Birth / Citizenship Certificate No. of Child
Name of Child/Sibling (CDA used for)	Birth / Citizenship Certificate No. of Child
	Relationship to the Child

Particulars of Client	
Client's Name (as in Agreement)	NRIC No:
	SCP No.

\_\_\_\_\_  
Signature of Trustee

Date:

\_\_\_\_\_  
Client's Name

Date: