

## POSB CHILD DEVELOPMENT ACCOUNT (CDA) FORM FOR INTERBANK GIRO

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

Date: ✓ _____  To: Name of Bank: <b>DBS Bank Ltd</b>  Branch: ✓ _____  Name of Child (as in CDA): ✓ _____  Child's Birth Certificate Number: ✓ _____	Child Development Account (CDA) Number: ✓ _____  Name of Approved Institution (AI): ✓ <b>STEMCORD PTE LTD</b>  Trustee's Name: ✓ _____  Trustee's Home/Office/Mobile Number(s): ✓ _____  Trustee's Signature/Date : _____ (as in bank's records) For thumbprint, please verify with DBS/POSB branch before submitting to AI.
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- (a) I hereby instruct you to process the Approved Institution's instructions to debit my Child Development Account (CDA).
- (b) You are entitled to reject the Approved Institution's instruction if my CDA does not have sufficient funds and charge me a fee for this.
- (c) This authorisation will remain in force until terminated by your written notice sent to my address last known to you or upon receipt of my written revocation through the Approved Institution.

### PART 2: FOR APPROVED INSTITUTION'S COMPLETION

Bank				Branch			Approved Institution's Account Number											
7	3	7	5	0	2	9	1	2	9	3	0	7	7	3	8	5		

  

Bank				Branch			CDA Account Number To Be Debited											
7	1	7	1	0	8	1												

Approved Institution's Reference Number											

Mother's Name : \_\_\_\_\_

Mother's NRIC No: \_\_\_\_\_

SCP No: \_\_\_\_\_

### PART 3: FOR BANK'S COMPLETION

To: Approved Institution

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

<input type="checkbox"/> Signature/Thumbprint <sup>#</sup> differs from Bank's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature/Thumbprint <sup>#</sup> incomplete/unclear <sup>#</sup>	<input type="checkbox"/> Amendments not countersigned by customer/BO
<input type="checkbox"/> Account operated by signature/thumbprint <sup>#</sup>	<input type="checkbox"/> Other reason(s): _____

_____ 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