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:

DBS Bank Ltd

Branch:

✓_____

Name of Child (as in CDA):

✓_____

Child's Birth Certificate Number:

✓_____

Child Development Account (CDA) Number:

✓_____

Name of Approved Institution (AI):
  KIDZ PEDIATRIC OCCUPATIONAL THERAPY
✓ CONSULTANTS PTE LTD_____

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.

(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	1	8	1	1	8	3	1	3	2	0	6	2

Approved Institution's Reference Number													

Bank			Branch			CDA Account Number To Be Debited										

PART 3: FOR BANK'S COMPLETION

To: Approved Institution

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

☐ Signature/Thumbprint# differs from Bank's records

☐ Signature/Thumbprint# incomplete/unclear#

☐ Account operated by signature/thumbprint#

☐ Wrong account number

☐ Amendments not countersigned by customer/BO

☐ Other reason(s): _____

_____   _____   _____
Name of Approving Officer   Authorised Signature   Date

* For thumbprints, please go to the branch with your identification.
# Please delete where inapplicable