

CHILD DEVELOPMENT ACCOUNT (CDA) INTERBANK GIRO APPLICATION FORM

Please **FILL IN PART 1** of this form, **PRINT** it out, **SIGN** and **RETURN** to the Approved Institution.

PART 1: FOR TRUSTEE'S COMPLETION (FILL IN THE SPACES INDICATED WITH A *)		
* Date (DD/MM/YYYY):	* Name Of Approved Institution ("AI"): NEWTON KINDERGARTEN	
* To: Name Of Trustee:	* Child's Name (as in CDA):	
* Mobile Number:	* Child's Birth Certificate:	
* Home Number:	* Child's CDA Number:	
(a) I/We hereby instruct you to process the AI's instructions to debit my/our account. (b) You are entitled to reject the AI's debit instruction if my/our account does not have sufficient funds. (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 AI.		
Trustee's Signature/Thumbprint**:		
<small>(As In Bank/Finance Company's Records) **For thumbprints, please go to the branch with your identification.</small>		
PART 2: FOR APPROVED INSTITUTION'S COMPLETION		
SWIFT BIC: 7339	Approved Institution's Account No.: 5914559020 01	Approved Institution's Customer Ref No.:
SWIFT BIC:	Account No. To Be Debited:	
PART 3: FOR BANK/FINANCE COMPANY'S COMPLETION		
To: The Manager	(Name and Address of Approved Institution)	
Attn:		
This application is hereby REJECTED (please tick) for the following reason(s):		
<input type="checkbox"/> Signature/Thumbprint [†] differs from bank's/finance co's records	<input type="checkbox"/> Wrong account number	
<input type="checkbox"/> Signature/Thumbprint [†] incomplete/unclear [†]	<input type="checkbox"/> Amendments not countersigned by customer	
<input type="checkbox"/> Account operated by signature/thumbprint [†]	<input type="checkbox"/> Others: _____	
Name Of Approving Officer	Authorised Signature	Date (DD/MM/YYYY)
<small>*Please delete where inapplicable</small>		



CHILD DEVELOPMENT ACCOUNT AUTHORIZATION FORM (CDA)
AUTHORIZATION FOR USING CDA FUNDS TO PAY SCHOOL FEES

1. Student's Particulars

Name of Child : _____ Class / Level : _____
 Birth Certificate No : _____ Birth Order: 1 / 2 / 3 / 4
 Citizenship : Singaporean / Permanent Resident Sex : M / F

2. Trustee's Particulars

Name of Parent : _____ Contact No: _____
 NRIC No : _____ Citizenship: Singaporean / Permanent Resident

3. CDA Details

CDA belongs to the Student / Sibling

CDA No : _____ Bank: _____

4. Use of Sibling's Account

Sibling's Name : _____ Class / Level : _____
 Birth Certificate No : _____ Birth Order: 1 / 2 / 3 / 4
 Citizenship : Singaporean / Permanent Resident Sex : M / F
(Please attach a copy of child's birth certificate if child is not a registered student in the kindergarten)

5. Authorization

I, (Name of Trustee) _____ of (NRIC No) _____
 hereby authorize Newton Kindergarten to make deduction from my child's CDA in settlement of (Name of Student)
 _____ fees.

I am fully aware that the deduction of CDA will take effect upon approval by the bank and I am also aware that should my child's CDA have insufficient funds, I will need to pay the full amount in cash / cheque.

 Name of Trustee Signature of Trustee Date