



St. James' Church Kindergarten (Harding)

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Direct Debit Authorisation Instructions for GIRO/Child Development Account Application

Please ensure the following are attached with your Application forms:

1. Copy of monthly Statement Of Accounts (for purpose of verification of account name & number)
2. A copy of the CDA account holder's Birth Certificate (sibling only), if CDA account holder is not the child who is enrolling into SJCK **AND** sibling is not currently enrolled in SJCK

All application forms **MUST** be completed **in ink** and any amendments **MUST BE COUNTERSIGNED** by parent account holder. No correction fluid is allowed to be used on the form.

Application will take 4 - 6 weeks to process by the bank.

Registrar

Revised Dec 2016

Student Year of admission/level, or class if any: _____



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): ✓ ST JAMES' PRESCHOOL SERVICES (ANGLICAN) 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.
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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 0 1 4 5 1 3 0 5 1 9 1 8

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):

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