



# St. James' Church Kindergarten (Leedon)

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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*

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

_____	_____	_____
Name of Approving Officer	Authorised Signature	Date

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