

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"): Cryoviva Singapore Pte Ltd	
* 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**: (As In Bank/Finance Company's Records) **For thumbprints, please go to the branch with your identification.		
PART 2: FOR APPROVED INSTITUTION'S COMPLETION		
SWIFT BIC: OCBCSGSG	Approved Institution's Account No.: 686166885001	Approved Institution's Customer Ref No.:
SWIFT BIC: UOVBSGSG	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)
#Please delete where inapplicable		

BR-375/F (7/15)