

POSB CHILD DEVELOPMENT ACCOUNT (CDA) FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with a \checkmark)								
Date:	Child Development Account (CDA) Number:							
✓	✓							
To: Name of Bank:	Name of Approved Institution (AI):							
DBS Bank Ltd	JCC - DAVID & GOLIATH PRESCHOOL							
Branch:	Trustee's Name:							
✓	✓							
Name of Child (as in CDA):	Trustee's Home/Office/Mobile Number(s):							
✓	✓							
Child's Birth Certificate Number:	Trustee's Signature/Date :							
✓								
	(as in bank's records) For thumbprint, please verify with DBS/POSB branch before submitting to Al							

- (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			Bra	anch	۱	Ap	Approved Institution's Account Number										Ap	prov	ed li	nstitu	ution	's R	efere	ence	Num	ber	-	
7	1	7	1	0	7	2	0	7	2	4	6	5	5	1	8	5												Γ
B	ank			Bra	anch	1	CD)A A	cco	unt N	Jum	ber [·]	To B	e D	ebite	ed												
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PART 3: FOR BANK'S COMPLETION

To: Approved Institution

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

 $\hfill\square$ Signature/Thumbprint $^{\!\#}$ differs from Bank's records

Signature/Thumbprint[#] incomplete/unclear[#]

Account operated by signature/thumbprint#

Amendments not countersigned by customer/BO

Other reason(s): ____

Wrong account number

Name of Approving Officer

Authorised Signature

Date

 $\frac{1}{2}$ For thumbprints, please go to the branch with your identification.

[#] Please delete where inapplicable