

## 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

  

Bank	Branch	CDA Account Number To Be Debited

Approved Institution's Reference Number

### PART 3: FOR BANK'S COMPLETION

To: Approved Institution

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

- |  |  |
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| <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): _____ |
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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