

CHANGE OF PLAN / MODE OF PAYMENT

PART 1: PARTICULARS OF CLIENT				
Name (as per your NRIC / Passport)		Relationship to the child	Mother / Father	
NRIC No. (Singaporean / PR only)		Date of Birth	DD	MM
			YYYY	
Home No.	Office No.	Mobile No.		
PART 2: CHANGE OF PLAN				
I hereby authorise Cordlife to supersede my plan in the Client Service Agreement I signed with you with my preferred choice of plan below. Please tick (✓) the appropriate circle (○) for your preferred choice of plan option.				
<input type="radio"/> CordBasic Annual Plan <input type="radio"/> CordBasic 21-Year Plan <input type="radio"/> CordPlus Annual Plan <input type="radio"/> CordPlus 21-Year Plan				
<input type="radio"/> Others: _____				
PART 3: CHANGE OF MODE OF PAYMENT				
I hereby authorise Cordlife to supersede my mode of payment in the Client Service Agreement I signed with you with my preferred mode of payment below. Please tick (✓) the appropriate circle (○) for your preferred mode of payment option.				
<input type="radio"/> Others , please state: _____				
<input type="radio"/> Cheque payment (Please cross Cheques and make payable to "Cordlife Technologies Pte Ltd".)				
Bank / Branch (if applicable)		Cheque No.		
<input type="radio"/> Credit card payment OR <input type="radio"/> Credit card payment using Instalment Payment Plan ¹				
¹ Please tick (✓) the appropriate circle (○) for your preferred mode of Instalment Payment Plan.				
<input type="radio"/> UOB 0%-interest 6 / 12 / 24 month Plan ²		<input type="radio"/> CBG 0%-interest 12 month Plan		
<input type="radio"/> OCBC 0%-interest 6 / 12 / 24 month Plan ²		<input type="radio"/> DBS 0%-interest 6 / 12 / 24 month Plan		
<input type="radio"/> AMEX 0%-interest 6 / 12 / 24 month Plan				
Please complete your credit card information.				
Card No.			Security No.	
Name of Cardholder			FDBC (4-Digit, Amex Only)	
Signature of Cardholder			Expiry Date	
² Cardholder is required to swipe his / her credit card at our corporate office.				
PART 4: SIGNATURE OF CLIENT				
I understand that you have the right to reject this application at your sole and absolute discretion. I also understand and in the event that my application is rejected, you are not under any obligation to provide me any explanation.				
Signature of Client (Biological Mother / Biological Father)				Date
Note:				
• Please do NOT use any correction fluid. Kindly countersign for any amendments.				
FOR CORDLIFE USE				
Change of Plan	Change of MOP	Processed by (name / signature/ date)	Contract No / Collection Kit No :	
Previous Plan CordBasic / CordPlus	Previous MOP CASH / CHQ / CC / IPP			
Previous Amount S\$	ADD			
New Amount S\$	Attended by (name / date)	Approved by (name / signature/ date)	<i>or paste Barcode Label</i>	
FOR CORDLIFE FINANCE USE				
<input type="checkbox"/> New contract plan invoice generated & sent	Charge / Refund S\$	Credit note:	New invoice no.:	Done by: