

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: _____ 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.

☐ CordPlus Annual Plan ☐ CordPlus 21 Year Plan ☐ CordPlus 60 Monthly Plan ☐ 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.

☐ **Others**, please state _____

☐ **One time credit card payment** **OR** ☐ **Credit card payment using Instalment Payment Plan**¹

¹ Please tick (✓) the appropriate circle (○) for your preferred mode of Instalment Payment Plan.

☐ UOB 0%-interest 6 / 12 / 24 month Plan²

☐ AMEX 0%-interest 6 / 12 / 24 month Plan³

(For AMEX, only 6 / 12-month Plan is available for Online Payment)

Please complete your credit card information.

Card No. _____ Expiry Date _____ FDBC _____
 (4-Digit for Amex Only)

Name of Cardholder _____ Signature of Cardholder _____

² Payment have to be made via Cordlife's Website or at Cordlife's Corporate Office ³ Payment can be made via Cordlife's Website or at Cordlife's Corporate Office

PART 4: SIGNATURE OF CLIENT

I understand that Cordlife have the right to reject this application at its sole and absolute discretion. I also understand and in the event that my application is rejected, Cordlife is not under any obligation to provide me any explanation.

 Signature of Client (Biological Mother / Biological Father)

 Date

• 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 : AP / 21 / 60 monthly	Previous MOP CASH / CC / IPP		
Previous Amount : S\$	ADD		
New Amount : S\$	Attended by (name / date)	Approved by (name / signature/ date)	
			or paste Barcode Label

FOR CORDLIFE FINANCE USE

☐ New contract plan Invoice generated & sent	Charge / Refund: S\$	Credit note:	New Invoice no.:	Done by: