

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. ☐ Annual Plan ☐ 10-Year Plan ☐ 21-Year Plan ☐ 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. ☐ OCBC 0%-interest 6 / 12 / 24 month Plan ² ☐ AMEX 0%-interest 6 / 12 / 24 month Plan ³ (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 _____ Signature of _____ Cardholder _____ Cardholder _____ ² Cardholder is required to swipe his / her credit card at Cordlife's Corporate Office ³ Payment can be made via Cordlife's Website or at Cordlife's Corporate Office ☐ Children Development Co-Saving (Baby Bonus) Scheme payment Please complete the bank GIRO form (Oversea-Chinese Banking Corporation Limited and / or United Overseas bank) for each child for submission. For DBS CDA account, please set up the GIRO arrangement on DBS website. In the event of non submission or incomplete documents or your child's CDA has insufficient funds two (2) months from the actual date of your delivery, Cordlife will reserve the right to bill the fees payable from the credit card below without prior notice. Please note that Cordlife will not reverse any credit card charges for any instances. Please complete your credit card information. Card No. _____ Expiry Date _____ FDBC _____ (4-Digit for Amex Only) Name of _____ Signature of _____ Cardholder _____ Cardholder _____				
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 Previous Plan : AP / 10 / 21 / 60 monthly Previous Amount : S\$ New Amount: S\$	Change of MOP Previous MOP CASH / CC / IPP / CDA ADD Attended by (name / date)	Processed by (name / signature/ date) Approved by (name / signature/ date)	Contract No / Collection Kit No : or paste Barcode Label	
FOR CORDLIFE FINANCE USE				
☐ New Contract Plan Invoice generated & sent	Charge/ Refund: S\$	Credit Note:	New Invoice no:	Done by: