

## CHANGE OF PLAN / MODE OF PAYMENT

PART 1: PARTICULARS OF CLIENT								
Name (as per your NRIC / Passp	r) Relationship to the child Mother / Father							
NRIC No. (Singaporean / PR onl	ly)	Date of Birth DD MM YYYY						
Home No.	Off	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 ( $\checkmark$ ) the appropriate circle (O) for your preferred choice of plan option.								
O Annual Plan O 10-Year Plan O 21-Year Plan O Others								
					0 00			
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 (O) for your preferred mode of payment option.								
<ul> <li>Others, please state</li> </ul>								
• One time credit card payment OR • Credit card payment using Instalment Payment Plan <sup>1</sup>								
<sup>1</sup> Please tick ( $\checkmark$ ) the appropriate circle (O) for your preferred mode of Instalment Payment Plan.								
O OCBC 0%-interest 6 / 1	2 / 24 month Plan <sup>2</sup>			O UOB C	%-interest 6 /	12 / 24 month Plan <sup>4</sup>		
-	O AMEX 0%-interest 6 / 12 / 24 month Plan <sup>3</sup> (For AMEX, only 6 /12-month Plan is available for Online Payment)				O DBS 0%-interest 6 / 12 / 24 month Plan <sup>4</sup>			
Please complete your credit card information.								
Card No.		Expiry Date		CVV or Fl (4-Digit,	DBC Amex Only)			
Name of			Signature					
Cardholder			Cardhold	er				
<ul> <li><sup>2</sup> Cardholder is required to swipe his / her credit card at Cordlife's Corporate Office</li> <li><sup>3</sup> Payment can be made via Cordlife's Website</li> <li><sup>4</sup> Payment can be made via Cordlife's Website or at Cordlife's Corporate Office</li> <li>Children Development Co-Saving (Baby Bonus) Scheme payment</li> </ul>								
Please complete one (1) set of Authorization for CDA and GIRO form (OCBC and / or Standard Chartered bank) for each child. In the event that Cordlife does not receive your set of completed document or your child's CDA has insufficient funds <b>two (2) months</b> 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 o	card information.			0.04				
Card No.	Card No. Expir			ry Date CVV or FDBC (4- Digit for AMEX)				
Name of		Signature of						
Cardholder	Cardholder							
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	Proc	essed by (name / signature	e/ date)	Contract No /	Collection Kit No :		
Previous Plan AP / 10 / 21	Previous MOP					-		
Previous Amount S\$	CASH / CHQ / CC / IPP / ADD	CDA	<u>A</u>					
New Amount		Approved by (name / signature/ date)						
S\$	Attended by (name / date							
□ SEPAX Discount S\$						or paste Barcode Label		
FOR CORDLIFE FINANCE USE								
New contract plan     Ch	narge / Refund	Credit note:		New invoi	ce no.:	Done by:		
invoice generated & sent S\$	2			1		1		