Cordlife Group Limited
1 Yishun Industrial Street 1, A'Posh Bizhub, #06-01/09, Singapore 768160
+65 6238 0808 | **Cordlife Parents** customercare@cordlife.com
Company Registration Number: 200102883E | GST Registration No.: 200102883E

CHANGE REQUEST FORM – CORD BLOOD

1. CLIENT INFORMATION

Full Name (as per NRIC / Passport): _____

Collection Kit No. / Contract No.: _____

NRIC / Passport No.: _____

Date of Birth: _____

Mobile No.: _____

Relationship to Child: ☐Mother ☐Father

2. CHANGE REQUEST (Please tick (✓) the applicable change(s))

☐Change of Plan	☐Change of Mode of Payment	☐Other: _____

3. CHANGE DETAILS (Please complete the relevant section only)

A. CHANGE OF PLAN

Current Plan: _____

Change to: _____

Remarks (if applicable): _____

B. CHANGE OF MODE OF PAYMENT

Current Mode of Payment (as per records): _____

I would like to change my mode of payment to:

☐Child Development Account (CDA) ☐PayNow ☐Online Payment ☐Other Payment Method

If "Other Payment Method", please specify: _____

C. OTHER CHANGE

Please specify the change required: _____

Remarks (if applicable): _____

3. CLIENT AUTHORISATION

I request and authorise Cordlife Group Limited to make the change(s) indicated above to my existing cord blood service arrangement.

Signature of Client	Date
_____	_____

FOR CORDLIFE USE ONLY

Change of Plan:	**Change of MOP**	**Processed By**	**Approved By**	**Remarks**
New Amount:	New Mode of Payment:	Name/Signature/Date:	Name/Signature/Date:	

FOR CORDLIFE FINANCE USE

Change of Plan:	**Charge/Refund**	**Credit Note:**	**New Invoice no:**	**Processed By**
Invoice generated & sent	S$			Name/Signature/Date: