

AUTHORIZATION FOR CHILDREN DEVELOPMENT ACCOUNT (CDA)

PART 1: PARTICULARS OF CLIEF	NT											
Name (as per your NRIC / Passport)												
Relationship to the child Mo	ther /	Father										
NRIC No. (Singaporean / PR only)	Mobile No.											
PART 2: PAYMENT INSTRUCTIO	N											
I hereby agree to pay Cordlife all the app out in the schedule of fees in the Client S					-	d's Chil	ldren De	evelop	ment	Accou	nt (CD	A) as set
Please tick (✓) your payment plan.												
 Annual Plan 	□ 10-Year Plan ✓ 1 st upfront payment ✓ Subsequent payment (till CDA is closed) □ 21-Year Plan ✓ 1 st and only payment											
□ Others:												
Applicable to Annual Plan and 10-Year Plan only I do not wish to pay the subsequent payment from my child's CDA. I will notify Cordlife two (2) months in advance with a complete set of CDA forms should I decide otherwise.												
For existing clients of Cordlife I hereby agree to pay Cordlife all the applicable fees inclusive of GST from my child's Children Development Account (CDA) for the following.												
Annual subsequent payment												
Preferential Plan												
PART 3: I AM PAYING FROM M		o's ow	/N CD	A								
Trustee's Name (CDA account holder)	:											
Relationship to your child	:	Mothe	er / F	ather	/ Oth	ers,						
Child's Name (CDA account holder)	:	•										
Child's Birth Certificate No.	:	Т										
PART 4: I AM PAYING FROM HIS / HER SIBLING'S CDA												
Trustee's Name (CDA account holder)	:											
Relationship to your child	:	Mother / Father / Others,										
Child's Name (CDA account holder)	:	-										
Child's Birth Certificate No.	:	T										
Child's Name (payment for)	:											
Child's Birth Certificate No.	:	Т	[1	
PART 5: SIGNATURE OF TRUST	EE											
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 Trustee (CDA account h Note: Please do NOT use any correction fluic		d the Banl	<u> </u>	forms Kin	udly cou	Intersion	n for any		ate ments			
 Please do NOT use any correction nucl Please complete one (1) set of Authori 												
FOR CORDLIFE USE	Attend	ad by free	no / -1-1	\		Cent	n et N = //	Colle -+'	on 1/1+ *	101		
AS	Attende	ed by (nar	ne / date)		Contra	act No / (onectio	on Kit N	NO:		
Pay from year Pay for outstanding												
Pay for outstanding Preferential Plan	Process	ed by (na	me / sign	ature / da	ate)							
P10 / P21												
,	1									01	r paste l	Barcode Label