

MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT (MSF)
APPLICATION FORM FOR INTERBANK GIRO
 (FOR REFUND TO CHILD DEVELOPMENT ACCOUNTS BY BABY BONUS APPROVED INSTITUTION
 THROUGH BABY BONUS ONLINE)

Please read the instructions on the other side of this form. This form will take you less than 5 minutes to complete.

PART 1: APPLICANT'S PARTICULARS (fill in the spaces indicated with *)

Date *:

Name of Billing Organisation ("BO"):

MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

To: Name of Bank *:

BO's Customer's Name

MSF-CHILD DEV CO-SAVINGS SCHEME

Bank Branch *:

Approved Institution (AI) Code *:

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
 (b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
 (c) This authorisation will remain in force until terminated by the Bank's written notice sent to my/our address last known to the Bank or upon receipt of my/our written revocation through the BO.
 (d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

Bank Account Number *:

Account Holder(s)' Contact Number *:

Name(s) of Account Holder(s) as in Bank's record *:

My/Our Signature(s)/Company's Stamp as in
Bank's record *:

PART 2: FOR MSF'S COMPLETION

Bank	Branch	BO's Bank Account Number
7 1 7 1	0 0 3	0 0 3 9 2 7 6 4 9 4

BO's Reference Number

Bank	Branch	Account Number to be Debited

PART 3: FOR BANK'S COMPLETION

To: MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT (MSF-CHILD DEV CO-SAVINGS SCHEME)

This Application is hereby REJECTED (please tick) for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Signature/Thumbprint # differs from Bank's records | <input type="checkbox"/> Wrong account number |
| <input type="checkbox"/> Signature/Thumbprint # incomplete/unclear # | <input type="checkbox"/> Amendments not countersigned by applicant |
| <input type="checkbox"/> Account operated by signature/thumbprint # | <input type="checkbox"/> Others: _____ |

Please delete where applicable

Name of Approving Officer

Authorised Signature

Date

INSTRUCTIONS

1. The Baby Bonus Approved Institution is to complete Part 1 on the other side and the Baby Bonus Approved Institution Details on this side of the form. If you are unsure about your Approved Institution (AI) Code, you may contact msf_babybonus@msf.gov.sg.
2. Please submit a separate form for each AI.
3. Please use only BLUE or BLACK INK to complete this form. Do not use pencil or other coloured ink.
4. Do not use correction tape or fluid.
5. All amendments on this form are to be countersigned by account holder(s) with the company stamp.
6. Only original signed hardcopy application forms will be sent to the banks for verification and processing. A digitally signed, photocopied or scanned copy of this application form will not be accepted.
7. Please mail the completed form to:

**Ministry of Social and Family Development
Family Life Group (Baby Bonus)
3 Bishan Place
#04-00, CPF Bishan Building
Singapore 579838**

8. Please expect a processing time of up to 1 month upon submission of form. You will be notified via email when the Interbank GIRO Direct Debit Authorisation is set up.

BABY BONUS APPROVED INSTITUTION DETAILS

(Fill in the spaces indicated with *)

Name of person submitting this form: *

Email: *

Name of Baby Bonus Approved Institution: *

Contact Number: *

FOR MSF'S USE ONLY

Date sent to bank	DDA arrangement with MSF start date	Date and processed by