



Child Development Co-Savings Act (Cap. 38A)

Child Development Co-savings (Childcare Leave and Extended Childcare Leave) Regulations 2013

- 4 Completed form can be sent to:

PLEASE DO NOT FAX

- 5 This form takes approximately 2 minutes to complete. Please complete Part I, Part II and Part III of this form.

- The form must be duly completed and signed. Incomplete form will be rejected.
- Please sign against all amendments made. Use of correction fluid/tape will render the application void. In addition, any amendments made to the bank account details are to be endorsed by the bank. Photocopies, scanned copies and incomplete forms will not be accepted.
- **Bank's certification at Part II must be obtained before submitting the form.**

(Please tick ☒ only one box)

- Employer's CPF Submission Number :

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- NRIC/FIN No.*

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Contact Number : _____ Email Address : _____

Address :

PART II (For applicant's completion):**Particulars of Bank Account**

Bank Name : _____

Bank No.				Branch No.			Bank Account No. to be credited to															

Bank Account Holder's Name																					

I/we hereby instruct and confirm that the maternity benefit/ paid maternity leave/ paid adoption leave/paid childcare and extended childcare leave/paid paternity leave/paid shared parental leave benefits ("Benefits") payable to me/us by the Government and/or its agent(s) administering the Benefits is/are to be credited into the above bank account. This instruction shall continue to be in force until I/we have expressly revoked it by notice in writing to the Government and/or its agent(s) administering the Benefits. I/we understand that the Government and/or its agent(s) administering the Benefits may in their absolute discretion terminate this arrangement by giving written notice to my/our last known address.

I/we hereby irrevocably consent to and authorise the Bank, including any officer of the Bank, to disclose to the Government and its agent(s) administering the Benefits any information whatsoever relating to me/us and to the Account as is necessary for the sole purpose of Account validation for this application. I/we agree that this consent shall survive the termination of any of the Account(s) with the Bank and may be relied on and enforced as fully and effectively by the Bank as if it is addressed to the Bank.

I/we agree to keep MSF and its authorised agent fully indemnified against all actions, claims, costs, expenses, losses and damages brought against or suffered by the MSF and its authorised agent, arising out of any action taken by, or any payment by, MSF and its authorised agent of the Government-Paid Leave Schemes to the Bank Account pursuant to this authorisation.

I/we agree not to hold MSF and its authorised agent liable for any actions, claims, costs, expenses, losses and damages brought against or suffered by MSF and its authorized agent and any other person who may have claims against the Bank Account or any other parties arising out of any action taken by, or any payment by, MSF and its authorised agent of the Government-Paid Leave Schemes to the Bank Account pursuant to this authorisation.

I/we agree that we shall be responsible for any charges imposed by the bank arising from reimbursement of the Government-Paid Leave Schemes.

Date_____
Original signatures(s) / thumbprint**PART III (For Bank's completion)**

We hereby certify that the signature(s) / Thumbprint affixed at Part I above is/are consistent with our records, and the particulars of the account are correct.

Name of Bank and Official Stamp_____
Authorised Signature(s)_____
Date