

## DIRECT CREDIT AUTHORISATION FORM

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

Child Development Co-Savings (Paid Maternity Leave, Maternity Benefit, Adoption Leave, Shared Parental Leave and Paternity Leave)
Regulations

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

- 1 This form must be completed by the mother applying for Government-Paid Maternity Benefit, employer or self-employed parent, into whose bank account the paid maternity benefit, paid maternity leave, paid adoption leave, paid childcare and extended childcare leave, paid paternity leave and paid shared parental leave benefits payable by the Government, is to be credited.
- For company whose designated bank account is not an Overseas Chinese Banking Corporation (OCBC) or United Overseas Bank (UOB) account, please complete and send the original DCA form by post one week before submitting an online claim application at <a href="http://www.profamilyleave.gov.sq">http://www.profamilyleave.gov.sq</a>.
- For Self-Employed parent/mother, whose designated bank account is not an OCBC, UOB, Far Eastern Bank (FEB), Post Office Savings Bank (POSB) or Development Bank of Singapore (DBS) bank account, please complete and send the original DCA form by post one week before submitting an online claim application at <a href="http://www.profamilyleave.gov.sg">http://www.profamilyleave.gov.sg</a>.
- 4 Completed form can be sent to:

Tanjong Pagar Post Office P.O. Box 889 Singapore 910824

## 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.

## Important Note: -

- 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.

incomplete forms will not be accepted Bank's certification at Part II must	d. be obtained before submitting the form.
PART I (For applicant's completion):	
(Please tick ☑ only one box)	
For application by Employer Name of Company :	
Employer's CPF Submission Number :	
For application by Self Employed Parent/N Name of Self-Employed Parent/ Mother :	Mother
NRIC/FIN No.*	
Contact Number :	Email Address :
Address :	

PART II (For applicant's completion):																								
Particulars of Bank Account																								
Bank	Bank Name :																							
Bank No. Branch No.												Bank Account No. to be credited to												
	Jank No.														unt No. to be created to									
					<u> </u>	<u></u>					<u> </u>													
	Bank Account Holder's Name																							
					<u> </u>				<u> </u>								· .							
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) administrating 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) administrating the Benefits. I/we understand that the Government and/or its agent(s) administrating 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) administrating 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 Baı	nk and	d Offic	ial St	amp	_	-		Au	thorise	ed Sig	ınatur	e(s)		_	-			ate				