

Note:

1. This form may require 5 minutes to complete.
2. This form is to be completed by an **Existing Approved Person or a person who wishes to register an institution as an Approved Institution.**
3. Please submit this form and a copy of bank passbook or statement showing the account holder name and account number to the mailing address given above:
4. Please note that an annex may be submitted with the form if you are applying for multiple institutions to be registered under the same approved person.
5. Please note that we are unable to process incomplete forms and forms without supporting documents.
6. It will take approximately 2 weeks upon our receipt of your forms to process your application. Please contact us if you do not hear from us after 2 weeks.
7. The completed NETS application should be sent directly to NETS at their address on the NETS form.
8. Please call, email or visit the website for enquiries or information:-
 - Baby Bonus hotline: 1800 253 7707 (local) or +65 6253 7707 (overseas); or
 - Email: msf_babybonus@msf.gov.sg; or
 - Website: <http://www.babybonus.gov.sg>

Number of branches/outlets to be registered as Approved Institutions:		
Section A: Applicant's Particulars (Approved Person)		
Name:		
NRIC/Passport/FIN:	Tel(Office):	Tel(Mobile):
Designation:	Email:	
Mailing address:		Postal Code:
Section B: Company's Particulars (as of ACRA/ROS Registration)		
Name of Company:		
Unique Entity Number:		
Email:	Tel(Office):	
Mailing address in ACRA/ROS records:		Postal Code:
The institution is a:		
<input type="checkbox"/> ECDA-registered Child Care Centre <i>Child Care Centre Code:</i> _____	<input type="checkbox"/> ECDA or CPE-registered kindergarten <i>ECDA or CPE Registration No:</i> _____	<input type="checkbox"/> MOH-licensed hospital and/or clinic <i>PHMC Registration No:</i> _____
<input type="checkbox"/> MOE or CPE-registered special education school <i>MOE or CPE Registration No:</i> _____	<input type="checkbox"/> SG Enable- registered Early Intervention Centre for child aged 6 and younger with disabilities <i>SG Enable Registration No:</i> _____	
<input type="checkbox"/> ACRA-registered Optical Shop <i>ACRA Registration No:</i> _____ <i>Optometrist / Optician-in-charge Name and Registration No:</i> _____	<input type="checkbox"/> HSA-licensed pharmacy <i>HSA Registration No:</i> _____ <i>Pharmacist-in-Charge Name and Registration No:</i> _____	<input type="checkbox"/> AT Device Provider <i>PHMC/VWO/ACRA Registration No:</i> _____ <i>Allied Health Professional Name and Registration No:</i> _____

Annex (To be submitted with Application for Approved Institution)

-Submit a copy for each additional Approved Institution to be registered under the same Approved Person

The institution is a:

<input type="checkbox"/> ECDA-registered Child Care Centre <i>Child Care Centre Code:</i>	<input type="checkbox"/> ECDA or CPE-registered kindergarten <i>ECDA or CPE Registration No:</i>	<input type="checkbox"/> MOH-licensed hospital and/or clinic <i>PHMC Registration No:</i>
<input type="checkbox"/> MOE or CPE-registered special education school <i>MOE or CPE Registration No:</i>	<input type="checkbox"/> SG Enable- registered Early Intervention Centre for child aged 6 and younger with disabilities <i>SG Enable Registration No:</i>	
<input type="checkbox"/> ACRA-registered Optical Shop <i>ACRA Registration No:</i>	<input type="checkbox"/> HSA-licensed pharmacy <i>HSA Registration No:</i>	<input type="checkbox"/> AT Device Provider <i>PHMC/VWO/ACRA Registration No:</i>
<i>Optometrist / Optician-in-charge Name and Registration No:</i>	<i>Pharmacist-in-Charge Name and Registration No:</i>	<i>Allied Health Professional Name and Registration No:</i>

Particulars of Institution to be registered as Approved Institution

Name of Institution: _____

Institution's Operation Start Date: _____

Email: _____ Tel(Office): _____

Mailing address: _____

Postal Code: _____

Institution Corporate Account Details for GIRO/NETS Collection
(Please complete only if account details are different from Section D)

Institution's Name in Bank's record: _____

Name of Bank: _____

Bank Account Details:

[]	[]	[]	[]	-	[]	[]	[]	-	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	
Bank Code					Branch Code				Bank Account No.											

Contact Persons *(optional- To add more contact persons, attach list or add to blank space below)*

Name of Contact Person (1): _____

Designation:	Tel(Mobile):
Email:	Tel(Office):

Name of Contact Person (2): _____

Designation:	Tel(Mobile):
Email:	Tel(Office):