



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 employer, self-employed parent or mother applying for Government-Paid Maternity Benefit, 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.
- 2 For company / self-employed parent/ mother without a standing Giro account for CPF Contributions or if the designated bank account is not an Overseas Chinese Banking Corporation or United Overseas Bank account, please complete and send the original DCA form by post to **Tanjong Pagar Post Office P.O.Box 889 Singapore 910824** one week before submitting an online claim application at <http://www.profamilyleave.gov.sg>. **PLEASE DO NOT FAX.**
- 3 This form takes approximately 2 minutes to complete.

Important Note: -

- The form must be duly completed and signed. Incomplete form will be rejected.
- Please sign against all amendments made. In addition, any amendments made to the bank account details are to be endorsed by the bank.
- **Bank's certification at Part II must be obtained before submitting the form.**

PART I (For applicant's completion):

(Please tick only one box)

For application by Employer
Name of Company (as in CPF record) : _____
Employer's CPF Submission Number

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For application by Self-Employed Parent/ Mother applying for Government-Paid Maternity Benefit
Name of Self-Employed Parent/ Mother : _____
NRIC/FIN No.*

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(Optional):
Contact Numbers (Telephone/Fax) : _____
Address : _____

Particulars of Bank Account

Bank Name : _____

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

Bank Account Holder's Name

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I authorise you to credit the maternity benefit/ paid maternity leave/ paid adoption leave/paid childcare and extended childcare leave/paid paternity leave/paid shared parent leave benefits payable by the Government into the above bank account. This authorisation shall continue to be in force until I have expressly revoked it by notice in writing to you. I understand that you may in your absolute discretion terminate this arrangement by giving written notice to my/our last known address.

_____ Date _____ Original signature(s) / thumbprint as in Bank's record

PART II (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 _____