FORM CG

Child's Birth/Citizenship Certificate (Singapore) No.: | T | | | | | | | | |

Child's Name: _____

CHILDREN DEVELOPMENT CO-SAVINGS (BABY BONUS) SCHEME

Change of Account for Cash Gift Payments

Direct Credit Authorisation For Cash Gift Payments (for the first to the fourth child)

This form may take you, the Account Holder, 5 minutes to fill in. You will need the following documents to fill in the form:

- Child's birth certificate/citizenship certificate;
- NRIC/ /Passport of Account Holder; and
- Bank book or statement of account of the bank account into which the cash gift payment is to be deposited.

Instructions:

1. This form must be filled in by the **Account Holder** into whose account the cash payment is to be deposited.
   Note: The Account Holder must be at least 21 years of age and is not a bankrupt. He/she will also be the Trustee of the Children Development Account when it is opened.
2. The bank account must be able to accept deposits by GIRO.
3. The account holder must fill in Part I.
4. **The bank staff must SIGN and STAMP Part II; OR an original statement of account showing the account number and name of the Account Holder must be attached with this form.**
5. This form must be submitted to:
   Ministry of Community Development, Youth and Sports
   Family Services Division
   Baby Bonus & Adoption Branch
   512A Thomson Road, SLF Podium
   #02-01/09, Singapore 298137

PART I (To be filled in by the Account Holder)

Name : _____

Address : _____

Contact nos: _____

Particulars of bank account: (Please ask your bank for help if you are unsure)

Bank Code				Branch Code			Account No									

Name of Account Holder																			

I authorise you to credit the cash payments 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 last known address.

_____ _____

Date Signature / Thumbprint of Account Holder

FOR OFFICIAL USE
PART II (To be endorsed by Account Holder's bank). PLEASE DO NOT DETACH.

Director, Family Services Division
Ministry of Community Development, Youth and Sports

We hereby certify that the particulars of the account / and the signature affixed at Part I above* is / are* consistent with the information shown to us / our records*.

_____ _____ _____

Name of Staff Official Stamp Authorised Signature and Date

* Delete where applicable.

Jun 2010