FORM BB2 (2008)

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

Child's Name: _____

CHILDREN DEVELOPMENT CO-SAVINGS (BABY BONUS) SCHEME
Direct Credit Authorisation For Cash Gift Payments (for the first to the fourth child)

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

- 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.

Please bring the following documents if you are submitting Form BB1 and this form at the birth registration counter at the hospital or Immigration & Checkpoints Authority (ICA):

- Original bank book or statement of account (for verification of the account number and name of the Account Holder); and
- Copy of the page in the bank book which shows the account number and name of the Account Holder or copy of the statement of account.

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. The bank staff or birth registration staff at the hospital or ICA must SIGN and STAMP Part II.**
4. **Part I and Part II** of the form must be submitted to the Ministry of Community Development, Youth and Sports.

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 No				Branch No			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 or birth registration staff at the hospital or ICA). 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.

Oct 2008