



# HANIS



## Montessori Kindergarten

### Registration Package

# Kinder Juniors 2024

Unique  
3 - language

Montessori  
approach



AM Session  
8.30 am to 11.30 am

PM Session  
12 pm to 3 pm

3 years  
to  
6 years



English  
Arabic  
Malay





## Our Programme

We run 3 hour,  
5 days a week  
English, Arabic, Malay  
Montessori Programmes



## Our Classes

**EXPLORERS**  
3 years old

**CHALLENGERS**  
4 years old

**KINDER JUNIORS**  
5 years old

**KINDER GRADUATES**  
6 years old

## Our Sessions

**AM**  
8.30 am  
to  
11.30 am

**PM**  
12.00 pm  
to  
3.00 pm

## Our Monthly Fees

**school fee** **transport fee**  
**\$ 400** dependent  
(subject to 9% GST) on location



## Registration Documents

- ✓ Child's birth certificate
- ✓ Child's vaccination report
- ✓ Child's dependent pass ( if applicable )
- ✓ Both parents' NRIC / pass
- ✓ iBanking payment of \$200 registration fee
- ✓ iBanking payment of C.O.P or signed CDA GIRO form

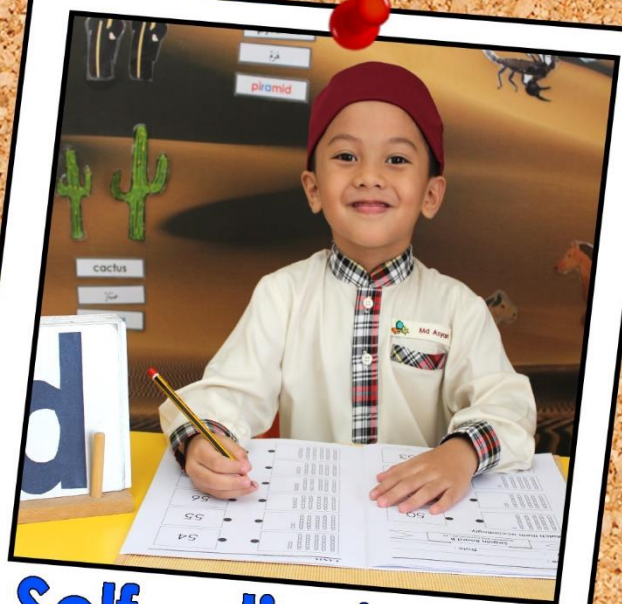






**Exploration**

Core principles  
of **HANIS**  
Montessori



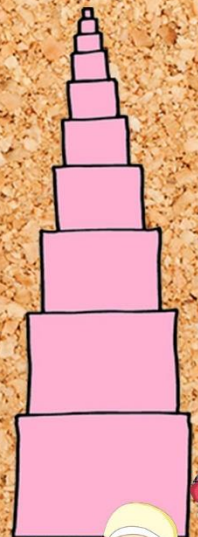
**Self - discipline**



**Collaboration**



**Independence**





# Montessori Learning Areas



## Practical Life

Practical Life is designed in helping children to develop and refine their sensory perception and motor development skills. The child creates an understanding of his or her environment, how the environment works and the importance of these activities in helping the child to develop manual dexterity.



## Sensorial

Sensorial Education focuses on the understanding of how children learn through sight ( colour, dimensions and shapes ), hearing ( tone and pitch ), touch ( texture, weight, temperature, size and shape ), smell and also taste.



## Mathematics

Mathematics provides information and practical hands – on use of manipulative materials in helping children learn to count, add, subtract, multiply and divide. The sequences take children from a state of working with concrete manipulative materials to working on an abstract symbolic level.



## Language

Language covers the learning sequence from the basic phonetic sounds to phonograms and symbolic grammar exercises which develops comprehension and improves understanding of language.



## Cultural Studies

Children have a great curiosity about the world we live in. Without a good knowledge of Cultural Studies, it will be impossible later on to get a clear idea of the relationship between Zoology, Botany, Geography and History. We may consider Cultural Studies as the foundation for other parts of knowledge and it is a subject in which the children show great interest.





# Arabic Montessori Learning Areas

## Surah dan Du'a

Bahagian ini memberi tumpuan kepada sebutan melalui bacaan secara individu. Ini dapat membantu kanak - kanak dalam menunaikan solat harian mereka pada masa hadapan dan juga membaca surah dan du'a dengan lancar.



## Sensorial Arab

Sensorial Arab mendedahkan kanak - kanak kepada perkataan asas Bahasa Arab. Mereka akan diajar perkataan - perkataan Bahasa Arab bagi warna, bentuk, saiz dan tekstur. Selain itu, aktiviti ini meluaskan lagi kosa kata kanak - kanak dalam Bahasa Arab.



## Al - Arqam

Dalam bab ini, kanak - kanak dilatih cara mengira dalam Bahasa Arab. Pada permulaannya, mereka akan diajar cara pengiraan diikuti dengan pengenalan angka. Pada masa yang sama, kanak - kanak akan dibimbing untuk mula mengira dari kanan ke kiri.



## Huruf Hijaiyyah

Huruf Hijaiyyah diperkenalkan melalui pengamatan huruf secara individu berserta bunyinya melalui pengalaman sentuhan. Di samping itu, kanak - kanak akan dididik untuk membaca dari kanan ke kiri yang akan mempersiapkan mereka untuk membaca dan menulis Bahasa Arab.



## Praktikal Solat

Komponen ini memperkenalkan kanak - kanak kepada solat harian. Mereka akan bermula dengan cara pengambilan wudhu' di mana Mudarrisah akan membimbing setiap langkah wudhu' secara individu. Seterusnya, laungan Azan, Du'a dan Niat akan diperkenalkan dan diikuti oleh pergerakan solat seperti sujud, i'tidaal dan salaam.





# Malay Montessori Learning Areas



## Sensorial Melayu

Pendidikan Sensorial memberi kanak – kanak peluang untuk mendalami aspek pendidikan menggunakan kelima – lima panca indra mereka.



## Matematik

Matematik mengajar kanak – kanak untuk mengira, tambah, tolak, kali dan bahagi, dengan menggunakan alat bantuan mengajar yang disediakan. Kaedah ini memperkukuhkan asas kefahaman mereka dalam matematik.



## Bahasa

Bahasa mengandungi aktiviti yang mengajar kanak – kanak asas tatabahasa. Aktiviti – aktiviti begini menguatkan pemahaman mereka mengenai Bahasa Melayu.



## Kajian Alam

Kajian Alam memberi kanak – kanak peluang untuk menerokai dan memahami alam sekitar. Dengan pengetahuan tentang Kajian Alam, ianya memudahkan mereka untuk memahami hubungan antara, Zoologi, Botani, Geografi dan Sejarah. Kajian Alam adalah asas untuk meluaskan pengetahuan mereka.

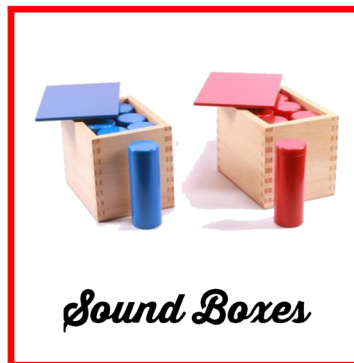
Ilmu itu  
bukan yang **DIHAFAL**  
tetapi yang memberi  
**MANFAAT.**

- Imam Syafi'i



# HANIS *Montessori Materials*

Being the pioneer in Arabic and Malay Montessori, **HANIS** manufactures their very own unique Arabic and Malay Montessori materials. These materials were specifically designed to support the Arabic and Malay Montessori programs that **HANIS** developed and are available for purchase through the **HANIS** Store.



Visit  @ [www.ehanis.com/store](http://www.ehanis.com/store) to view our full range of products.







# What makes **HANIS** programmes *holistic* ?

## Circle Time

**Music & Movement**

Refine **listening skills**  
Awareness of **movement**



**Rhymes & Poetry**

Development of **speech** **ABC**  
language  
early reading


**Storytelling & Dramatisation**

Spark **imagination**  
Develop **literacy skills**



**Moral Education**

Build positive **values**  
**character**




## Play & Learn

**Physical Exercise**

fitness  
strength  
concentration




**Creative Hands**

dexterity  
flexibility  
self expression




**Sensory Hands**

cognitive growth  
fine motor skills  
social interaction



**Science & Discovery**

exploration  
innovation  
collaboration




\* exclusively for **HANIS** childcare

## Thematic Wednesdays

**Indoor Games**

I can ...  
move actively  
exercise happily



**Art & Craft**

I can ...  
create freely  
imagine wildly




**Show & Tell**

I can ...  
speak confidently  
listen attentively




**Field Trips**

I can ...  
explore curiously  
learn authentically









## How can I register my child ?

Registration 2024  
**now open !**

Step 1

( strictly via appointment, max of 2 adults )

Call or text us to schedule an appointment to  
**visit our schools**

Step 2

( when you are ready to register )

Send us all of the filled  
**registration forms and documents**

Step 3

( to confirm your registration )

Send us the proof of payment of the  
**Checklist Of Payment ( C.O.P )**

Step 4

( orientation details will be provided )

Attend the orientation on 1 December 2023 to  
**collect uniforms + other items**

Step 5

( Term 1, 2024 starts on Tuesday, 2 January 2024 )

Send your child for their  
**FIRST DAY OF SCHOOL**







**Q** Do I have to wait for an open house to visit your school?

**A** **No.** Call our centres today to make an appointment!



**HANIS Montessori**

 **+65 6487 0550**

 **enquiries@ehanis.com.sg**

*\*\*\* Education is not received. It is achieved. \*\*\**



When I grow up, I want to be a ...

Race Car Driver

Artist

Let your child discover their potential with us




**HANIS @ Kovan**

777 Upper Serangoon Road  
# 01 - 01, Singapore 534 645

 **6487 5505**  **8714 0550**

 **kovan@ehanis.com.sg**



**HANIS @ Enterprise One**

1 Kaki Bukit Road 1  
# 01 - 10, Singapore 415 934

 **6440 5505**  **8715 0550**

 **enterprise\_one@ehanis.com.sg**



**HANIS @ Tampines**

Blk 374 Tampines Street 34  
# 01 - 42, Singapore 520 374

 **6788 5505**  **8716 0550**

 **tampines@ehanis.com.sg**



**HANIS @ Pasir Ris**

Blk 775 Pasir Ris Street 71  
# 01 - 402, Singapore 510 775

 **6582 5505**  **8717 0550**

 **pasir\_ris@ehanis.com.sg**



**HANIS @ Choa Chu Kang**

Blk 707 Choa Chu Kang Street 53  
# 01 - 118, Singapore 680 707

 **6766 5505**  **8718 0550**

 **choa\_chu\_kang@ehanis.com.sg**



**HANIS @ Woodlands**

Blk 424 Woodlands Street 41  
# 01 - 340, Singapore 730 424

 **6365 5505**  **8719 0550**

 **woodlands@ehanis.com.sg**



**HANIS @ Elias Mall**

623 Elias Road, Elias Mall  
# 02 - 01, Singapore 510 623

 **6244 5505**  **8720 0550**

 **elias\_mall@ehanis.com.sg**

**CHILDCARE**



## Registration Document Checklist

<b>Documents to BRING</b>		<b>FOR OFFICIAL USE</b>
<input type="checkbox"/>	1. Birth certificate of the registered child	<input type="checkbox"/>
<input type="checkbox"/>	2. Identification card for <b>both</b> parents	<input type="checkbox"/>
<input type="checkbox"/>	3. Child's health booklet <b>OR</b> vaccination report <small>* completed mandatory MMR ( min 1 dose ) and primary diphtheria ( 3 doses ) vaccination</small>	<input type="checkbox"/>
<b>Forms to COMPLETE</b>		<b>FOR OFFICIAL USE</b>
<input type="checkbox"/>	1. S.W.K.P Registration Form	<input type="checkbox"/>
<input type="checkbox"/>	2. Questionnaire	<input type="checkbox"/>
<input type="checkbox"/>	3. Medical Information Form	<input type="checkbox"/>
<input type="checkbox"/>	4. Allergy Action Plan ( optional – only for children with present allergies )	<input type="checkbox"/>
<input type="checkbox"/>	5. Media Permission Form	<input type="checkbox"/>
<input type="checkbox"/>	6. Authorisation for Collection of Child	<input type="checkbox"/>
<input type="checkbox"/>	7. Signed Checklist Of Payment ( C.O.P )	<input type="checkbox"/>
<input type="checkbox"/>	8. Signed Terms & Conditions	<input type="checkbox"/>
<b>Payment of Registration Fee</b>		<b>FOR OFFICIAL USE</b>
<input type="checkbox"/>	1. iBanking Payment of \$ 200 ( registration fee )	<input type="checkbox"/>
<b>OPTION 1</b>		<b>FOR OFFICIAL USE</b>
<b>Payment of Checklist of Payment ( C.O.P )</b>		<b>FOR OFFICIAL USE</b>
<input type="checkbox"/>	1. iBanking Payment of Checklist of Payment	<input type="checkbox"/>
<b>OPTION 2</b>		<b>FOR OFFICIAL USE</b>
<b>Payment of Checklist of Payment ( C.O.P )</b>		<b>FOR OFFICIAL USE</b>
<input type="checkbox"/>	1. Completed C.D.A GIRO Application Form	<input type="checkbox"/>
<input type="checkbox"/>	2. Birth certificate of the C.D.A child ( if utilising a sibling's account )	<input type="checkbox"/>
<input type="checkbox"/>	3. Latest C.D.A Statement	<input type="checkbox"/>

FOR OFFICIAL USE ONLY	Verified By	Signature	Date



## Registration Form

### Super Wonder Kid Program ( S.W.K.P )

#### COURSE PARTICULARS

##### Branch Location :

Tampines  Woodlands   
Pasir Ris   
Choa Chu Kang

##### S.W.K.P Session / Time :

AM Session 8.30am to 11.30am   
PM Session 12.00pm to 3.00 pm

##### Pre - School Level :

Explorers ( 3 years old )   
Challengers ( 4 years old )   
Kinder Juniors ( 5 years old )   
Kinder Graduates ( 6 years old )

#### STUDENT'S PARTICULARS

Full Name

Gender :  Male  Female

Birth Certificate No :

Date of Birth :

Race : Malay Chinese Indian Others

Nationality :

Home Address

Postal Code

##### Contact Numbers

Home :

Father's Mobile :

Mother's Mobile :

Office :

In Case of Emergency, contact :

Contact No. :

Relationship To The Child :

#### TRANSPORT SERVICE

Transport Required ?  Yes  No

Pick Up Location :

Drop Off Location :



## PARENT'S PARTICULARS

Mother's Full Name

Father's Full Name

NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth :

Date of Birth :

Race : Malay Chinese Indian Others

Race : Malay Chinese Indian Others

Nationality :

Nationality :

Qualification :

Qualification :

Occupation :

Occupation :

Email :

Email :

I agree to pay the fees promptly, material and snacks fees on a yearly basis and I understand that the June, December and material and snacks fees will not be refunded in the event that I wish to withdraw my child. I will give one month written notice to **HANIS** Montessori Kindergarten. I will abide by the terms and conditions of the centre. I declare that all the particulars given above are true.

\_\_\_\_\_  
Name Of Applicant

\_\_\_\_\_  
Relationship To Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Of Registration

## FOR OFFICIAL USE ONLY :

Date Joined :

Other Notes :

Remarks :

Transporter's In Charge :

Transporter's Contact :

Transport Pick Up Time :

Transport Drop Off Time :

### Initial Registration Payment

Registration Fee ( Non – Refundable ) : \$ 200

Electronic Banking

Date of Payment :

Transfer Confirmation from Finance

Receipt No :

## Questionnaire

Name of Child :

Date of Birth :

### Part One Kindly Tick ( ✓ )

- |                       |                |
|-----------------------|----------------|
| 1) Not toilet trained | Toilet trained |
| 2) Fussy eater        | Anything goes  |

### Part Two Notes on the Child

Speech :

Language Exposed : Malay English Chinese Tamil Arabic

: Others :

Social Skills : Friendly Physical Reserved Chatty

: Others :

### Part Three Parents would like teachers to

Encourage : ( 1 )

: ( 2 )

Avoid : ( 1 )

: ( 2 )

### Part Four Parents would like teachers to

*Thank you for your information !*



## Medical Information Form

### Immunisation Records

Please attach vaccination report.  
Vaccination must be up-to-date.

### Food / Drug Allergies

	Allergy	Reaction	Action Plan
1			
2			
3			

### Medical Conditions

	Condition	Medication and Dosage	Remarks
1			
2			
3			

### Family Physicians

	Name of Doctor / Clinic	Address	Contact
1			
2			

### Authorisation for Medical Attention

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_,  
( name of signatory ) ( relationship to child ) ( name of child )

hereby authorise teachers to bring my child to the nearest clinic or hospital  
for medical attention in cases of emergencies.

### Other Notes

I, parent / guardian of \_\_\_\_\_ hereby declare that the  
information provided above is **true and complete**. I understand that it is my  
responsibility to **notify the school in writing of any changes** to the information above.

\_\_\_\_\_  
Name Of Signatory

\_\_\_\_\_  
Relationship To Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\* Education is not received. It is achieved. \*\*\***

## Individual Allergy Action Plan

<b>Child's Name</b>			<b>DOB</b>	
<b>Allergies</b>			Upload child's photo here.	

Mild to Moderate Reactions	Actions to Take

Severe Reactions	Actions to Take

Emergency Contact Details			
<b>Name</b>			
<b>Relationship</b>			
<b>Contact</b>			

Other Notes

I hereby declare that the above information is accurate and authorise school staff to administer first aid medication listed on this plan.

\_\_\_\_\_  
**Name Of Parent**                      **Signature**                      **Date**

**\*\*\* Education is not received. It is achieved. \*\*\***



## Media Permission Form

To the Admin In Charge :

I, parent of \_\_\_\_\_ from \_\_\_\_\_  
( name of child ) ( class / session )

hereby **HANIS Montessori Kindergarten** and its representatives, the absolute right and permission to use interviews, photographs and / or recordings of my child strictly for public relations, educational or other purposes consistent with purpose and mission of **HANIS Montessori Kindergarten**, including publication on the **HANIS** website.

I understand that the said materials shall become the property of **HANIS Montessori Kindergarten** and may be used for promotional and publicity effort.

I also understand that the sensitive information of my child will not be revealed and the said materials will only be used exclusively for **HANIS Montessori Kindergarten's** purposes.

I have read and understand the above.

Parent's Name : \_\_\_\_\_

Parent's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

## Authorisation for Collection of Child

Child's Name			DOB	
Person 1	Name			Upload photo here.
	NRIC			
	Relationship			
	Contact No			
	Remarks			
Person 2	Name			Upload photo here.
	NRIC			
	Relationship			
	Contact No			
	Remarks			
Person 3	Name			Upload photo here.
	NRIC			
	Relationship			
	Contact No			
	Remarks			
Person 4	Name			Upload photo here.
	NRIC			
	Relationship			
	Contact No			
	Remarks			

I hereby declare that the above information is accurate and authorise the above persons to collect my child from school. Should there be any changes, I will inform the school in writing.

\_\_\_\_\_  
Name Of Parent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\* Education is not received. It is achieved. \*\*\***







## Fees For Programs

### Registration Fee

- 1) Registration fee is neither **REFUNDABLE** nor **TRANSFERABLE**.
- 2) It is to be paid by **immediate electronic banking** upon registration.

### School and Transport Deposits ( NOT APPLICABLE PRIOR TO COURSE COMMENCEMENT )

- 1) A school and transport deposit will be collected from every enrolled student during registration.
- 2) It is **REFUNDABLE**.
- 3) It will only be refunded upon,
  - a. Graduation with collection of Developmental Portfolio
  - b. Withdrawal with **one ( 1 ) month written notice** and collection of Developmental Portfolio
  - c. Clearing of any outstanding fee(s)

### Materials and Snacks Fees

- 1) Materials and snacks fee is neither **REFUNDABLE** nor **TRANSFERABLE**.
- 2) Each student will be required to pay the **annual materials and snacks fee** upon registration or continuation which is **NON REFUNDABLE**, even in cases of early withdrawal.

### School and Transport Fees

- 1) Advance **June** and **December** fees paid are **NOT REFUNDABLE** upon **withdrawal**.
- 2) **June** and **December** fee payments **CANNOT BE USED TO OFFSET** any payment for any other month in case of early withdrawal.
- 3) Fees are **SUBJECT TO REVISION** with **PRIOR NOTICE**.

## Late Payment

### School and Transport Fees

- 1) Collection of the monthly school and transport fees is from the **20<sup>th</sup> of the previous month till the 7<sup>th</sup> of the current month**.
- 2) Payment made **after the 7<sup>th</sup> of the current month** will incur a **\$ 20.00 late payment fee**.
- 3) The **\$ 20.00 late payment fee** will be imposed **every month till the outstanding is cleared**.

### C.D.A Payment

- 1) Fees deduction via C.D.A will be done on the **3<sup>rd</sup> and 23<sup>rd</sup> of every month** for new batches.
- 2) Every deduction made after the 7<sup>th</sup> of the current month will incur a **\$ 20.00 late payment fee and a \$ 30.00 administrative fee**.



## Refund

### Withdrawal prior to course commencement

- 1) Refunds will be made to parents within **three ( 3 ) months upon receipt of written withdrawal notification.**
- 2) The **refundable amount** will be calculated based on the **FULL** Checklist Of Payment ( C.O.P ) amount, regardless of the amount paid.
- 3) The **percentage** of refund will be calculated based on the month of the written withdrawal notification if a student **withdraws on his / her own accord before the commencement of the course.**
- 4) Should the amount paid be lesser than the administrative charges, an invoice will be generated for the balance.

Month of Written Withdrawal Notification ( before course commencement )	Percentage Refundable	Percentage Retained as Administrative Charges
6 to 12 months	80 %	20 %
5 months	70 %	30 %
4 months	60 %	40 %
3 months	50 %	50 %
2 months	25 %	75 %
1 month	10 %	90 %

- 5) A request for a refund, outside the school's policy, will only be considered **UNDER CERTAIN CIRCUMSTANCES WITH VALID DOCUMENTATIONS** such as hospitalisation, prolonged illness, etc.
- 6) All refund is subject to approval by the Management.
- 7) Refund by electronic banking will be credited to parent's / child's personal account while C.D.A refund will be credited back into the child's C.D.A.
- 8) **100% of the fee will be forfeited** if written withdrawal notification is given after course commencement.  
Course commencement refers to the **start** of the school year which is **1<sup>st</sup> January**, and not the first day of school. For children starting school in other months, course commencement refers to the child's start date.

### Withdrawal after course commencement

- 1) The school and transport deposit is **REFUNDABLE** upon,
  - a. Withdrawal with **one ( 1 ) month written notice** and collection of Developmental Portfolio  
Failing which, one month school / transport fee from the deposit will be **FORFEITED**.
- 2) Refunds will be made to parents within **three ( 3 ) months upon receipt of one ( 1 ) month written Withdrawal Letter** together with a complete submission of all required documents.

## Transport

- 1) Computation of school bus fare is based on a yearly basis, **payable by 12 months.**
- 2) Pick – up and drop off points **MUST** be at the same location every day.
- 3) An additional charge of **\$ 30.00** will be imposed for every change in transport arrangement **on top of the monthly transport fee**, should the **pick – up location differ from the drop – off location.**
- 4) Transportation fee for a **one ( 1 ) way trip**, either pick – up or drop – off will be **charged at 80% of the two ( 2 ) way trip.**

## Offset of Deposit

### Graduation

- 1) The **school and transport deposit** will be used to **offset November school and transport fees**.

### Withdrawal

- 1) The **school and transport deposit** **CANNOT BE USED** to offset any payment.

## Orientation Period

- 1) The orientation period that we allow parents to come in with the new child varies from **3 days to a week MAXIMUM**. In order for the separation period and anxiety not to be prolonged, constant advices from the educators will be shared with the parents.
- 2) We **do not** provide children and parents with a **trial period**. We believe in providing sufficient time for children to adapt to the new school environment. A trial period does not provide accurate insights to the abilities of the child to adapt to school.

## Enrolment Confirmation

- 1) Enrolment into the class is **only confirmed upon 100% payment of the Checklist Of Payment ( C.O.P )**.
- 2) Partial payment of the C.O.P **does not confirm the enrolment**. Slots will be released to other enrolments with full C.O.P payments.
- 3) Slots are confirmed on a first-come-first-serve bases upon full C.O.P payment. Registration and enrolment will be closed once the classes are full.

## Payment Methods

- 1) Payment can be made via the following modes :
  - a. Electronic banking to **DBS Current Account, 023 – 900835 - 6**
  - b. Child Development Account ( C.D.A ) \*

\* **Payment via C.D.A is only accepted for the Checklist Of Payment ( C.O.P ) and monthly school and transport fees**. Other school expenses are to be paid via electronic banking.

**I hereby agree to the terms and conditions listed above and I understand that the terms and conditions will be effective upon signing the Registration Form and Checklist Of Payment ( C.O.P ).**

Name of Applicant : \_\_\_\_\_

Relationship to Child : \_\_\_\_\_

Signature : \_\_\_\_\_

Date of Registration : \_\_\_\_\_

## POSB CHILD DEVELOPMENT ACCOUNT (CDA) FORM FOR INTERBANK GIRO

### PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with a ✓)

Date: ✓ _____  To: Name of Bank: <b>DBS Bank Ltd</b>  Name of Child (as in CDA): ✓ _____  Child's Birth Certificate Number: ✓ _____	Child Development Account (CDA) Number: ✓ _____  Name of Approved Institution (AI): ✓ <b>HANIS</b> Montessori Kindergarten _____  Trustee's Name: ✓ _____  Trustee's Home/Office/Mobile Number(s): ✓ _____  Trustee's Signature/Date :  ✓ _____ (as in bank's records)
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For thumbprint, please verify with DBS/POSB branch before submitting to AI.

- (a) I hereby instruct you to process the Approved Institution's instructions to debit my Child Development Account (CDA).
- (b) You are entitled to reject the Approved Institution's instruction if my CDA does not have sufficient funds and charge me a fee for this.
- (c) This authorisation will remain in force until terminated by your written notice sent to my address last known to you or upon receipt of my written revocation through the Approved Institution.

### PART 2: FOR APPROVED INSTITUTION'S COMPLETION

<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Bank</th> <th style="width: 15%;">Branch</th> <th style="width: 70%;">Approved Institution's Account Number</th> </tr> <tr> <td style="text-align: center;">7 1 7 1</td> <td style="text-align: center;">0 2 3</td> <td style="text-align: center;">0 2 3 9 0 0 8 3 5 6</td> </tr> </table>	Bank	Branch	Approved Institution's Account Number	7 1 7 1	0 2 3	0 2 3 9 0 0 8 3 5 6	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 100%;">Approved Institution's Reference Number</th> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	Approved Institution's Reference Number	
Bank	Branch	Approved Institution's Account Number							
7 1 7 1	0 2 3	0 2 3 9 0 0 8 3 5 6							
Approved Institution's Reference Number									
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Bank</th> <th style="width: 15%;">Branch</th> <th style="width: 70%;">CDA Account Number To Be Debited</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	Bank	Branch	CDA Account Number To Be Debited						
Bank	Branch	CDA Account Number To Be Debited							

### PART 3: FOR BANK'S COMPLETION

To: Approved Institution

This Application is hereby REJECTED (please tick) for the following reason(s):

<input type="checkbox"/> Signature/Thumbprint <sup>#</sup> differs from Bank's records <input type="checkbox"/> Signature/Thumbprint <sup>#</sup> incomplete/unclear <sup>#</sup> <input type="checkbox"/> Account operated by signature/thumbprint <sup>#</sup>	<input type="checkbox"/> Wrong account number <input type="checkbox"/> Amendments not countersigned by customer/BO <input type="checkbox"/> Other reason(s): _____
--	--

Name of Approving Officer	Authorised Signature	Date
---------------------------	----------------------	------

\* For thumbprints, please go to the branch with your identification.  
 # Please delete where inapplicable



Please complete all sections unless otherwise indicated.

## 1 Application Form for Interbank Giro for OCBC Child Development Account (CDA)

### HOW TO APPLY

1. Complete Section 2 of this form.
2. Sign against amendments and do not use correction fluid.
3. Submit to the Approved Institution.

Funds in the OCBC Child Development Account (CDA) or CDA Extra can be deducted via GIRO to pay Approved Institutions.

Approved Institution (AI) means childcare centre, kindergarten, special education school or healthcare institution in respect of which approval has been granted to a person as an approved person under regulation 11 of the Child Development Co-Savings Act 2001.

Please log on to MSF's website ([www.babybonus.gov.sg](http://www.babybonus.gov.sg)) for the list of Approved Institutions.

## 2 For Trustee's Completion

Name of Approved Institution (AI)

*(Please check with your AI for the correct name used to deduct CDA funds)*

**HANIS** Montessori Kindergarten

Child's Name (as in CDA)

\_\_\_\_\_

Child's Birth Certificate

T \_\_\_\_\_

CDA Number

\_\_\_\_\_

Trustee's Name

\_\_\_\_\_

Home Number

\_\_\_\_\_

Mobile Number

\_\_\_\_\_

Office Number

\_\_\_\_\_

- (a) I hereby instruct OCBC Bank to process the Approved Institution's instructions to debit my OCBC Child Development Account (CDA).
- (b) OCBC Bank is entitled to reject the Approved Institution's debit instruction if my OCBC CDA does not have sufficient funds.
- (c) This authorisation will remain in force until terminated by OCBC Bank's written notice sent to my address last known to the Bank or upon receipt of my written revocation through the Approved Institution or to the Bank.

Signature

Date

For thumbprints, please verify with OCBC branch before submitting this form to the Approved Institution.

## 3 For Approved Institution's Completion

AI's Account Number

Bank Code

7 1 7 1

Branch Code

0 2 3

Account Number

0 2 3 9 0 0 8 3 5 6

OCBC CDA Number

Bank Code

7 3 3 9

Branch Code

\_\_\_\_\_

(Branch code is the 1st 3 digits of the OCBC CDA Number)

Account Number

\_\_\_\_\_

(Following 9 digits of the OCBC CDA Number)

Reference Number

\_\_\_\_\_

## 4 For Bank's Completion

To: Approved Institution

Rejection Reason:

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/thumbprint^ differs from Bank's record | <input type="checkbox"/> Signature/thumbprint^ incomplete/unclear |
| <input type="checkbox"/> Account operated by signature/thumbprint^        | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Amendments not countersigned                     | <input type="checkbox"/> Other reason (please state below)        |

Name of Officer

\_\_\_\_\_

\_\_\_\_\_

Authorised Signature & Stamp

Date

\_\_\_\_\_

## CHILD DEVELOPMENT ACCOUNT (CDA) INTERBANK GIRO APPLICATION FORM

Please **FILL IN PART 1** of this form, **PRINT** it out, **SIGN** and **RETURN** to the Approved Institution.

PART 1: FOR TRUSTEE'S COMPLETION (FILL IN THE SPACES INDICATED WITH A *)		
* Date (DD/MM/YYYY):	* Name Of Approved Institution ("AI"): <b>HANIS</b> Montessori Kindergarten	
* To: Name Of Trustee:	* Child's Name (as in CDA):	
* Mobile Number:	* Child's Birth Certificate:	
* Home Number:	* Child's CDA Number:	
(a) I/We hereby instruct you to process the AI's instructions to debit my/our account. (b) You are entitled to reject the AI's debit instruction if my/our account does not have sufficient funds. (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the AI.		
Trustee's Signature/Thumbprint**:		
<small>(As In Bank/Finance Company's Records)                      **For thumbprints, please go to the branch with your identification.</small>		
PART 2: FOR APPROVED INSTITUTION'S COMPLETION		
SWIFT BIC: <b>DBSSSGSG</b>	Approved Institution's Account No.: <b>023 – 900835 – 6</b>	Approved Institution's Customer Ref No.:
SWIFT BIC:	Account No. To Be Debited:	
PART 3: FOR BANK/FINANCE COMPANY'S COMPLETION		
To: The Manager <span style="float: right;">(Name and Address of Approved Institution)</span>		
Attn:		
This application is hereby REJECTED (please tick) for the following reason(s):		
<input type="checkbox"/> Signature/Thumbprint# differs from bank's/finance co's records	<input type="checkbox"/> Wrong account number	
<input type="checkbox"/> Signature/Thumbprint# incomplete/unclear#	<input type="checkbox"/> Amendments not countersigned by customer	
<input type="checkbox"/> Account operated by signature/thumbprint#	<input type="checkbox"/> Others: _____	
Name Of Approving Officer	Authorised Signature	Date (DD/MM/YYYY)
<small>#Please delete where inapplicable</small>		