



To:

StemCord Pte Ltd

100 Pasir Panjang Road

#03-02/03/04

Singapore 118518

BILLING INSTRUCTION AUTHORISATION LETTER

I hereby authorise StemCord Pte Ltd to debit my Child Development Account (CDA) for the following fees payable, including GST, under the Cord Blood and/or Cord Stem Cells Storage Agreement I have signed.

StemCord Cord Blood and/or Cord Stem Cells Banking Services

Enrolment Fee (Initial one-time payment) Amount: _____

Annual Storage Fee (Up to 12 Years) Amount: _____

Remarks: _____

PARTICULARS OF TRUSTEE	
Trustee's Name as registered with the bank CDA account	Relationship with Child
PARTICULARS OF BANK CDA ACCOUNT TO BE DEDUCTED	
Name of Child as registered with the bank CDA account to be used for deduction.	Birth / Citizenship Certificate No
PARTICULARS OF CHILD USING THE DEDUCTIONS	
Name of Sibling that deductions are used for, if different from above child	Birth / Citizenship Certificate No
PARTICULARS OF CLIENT	
Client's Name as in StemCord's Storage Agreement SCP No.	Identity No

By signing the below, I understand that if CDA application or deductions are unsuccessful, StemCord Pte Ltd will charge all outstanding fees payable, including GST, to the credit card provided at enrolment after 60 days from the child's birth date without prior notice and there will be no reversal of the charges.

Signature of Trustee
Date:

Client's Signature
Date: