FORM DM7A

Central Provident Fund Board
Data Management Section
79 Robinson Road, CPF Building, Singapore 068897
Website: www.cpf.gov.sg CPF Call Centre: 1800-227 1188
Email: employer-accounts@cpf.gov.sg Fax: 6229 3852

Application for Refund of Excess CPF Payment (for Non-GIRO Employers Only)

(This form may take you 5 minutes to complete)

IMPORTANT NOTES

1. **For application for refund of contributions paid in error to your employee's account, please complete Form 'Refund of CPF Contributions Paid In Error' (FORM CNR/FORM 40) instead.**
2. Refund of your CPF payment would be credited to the employer's bank account directly.
3. You would need the bank statement when completing this form.
4. Please attach a copy of the Instant Computer Information (Business Profile), if the name of Company and the name of the Bank account holder are different.
5. Do not use correction tape for amendments. Please sign against any amendments.
6. CPF Board shall not be liable for any loss caused or damage incurred or suffered by the employer or any person by reason of or in connection with this refund application, including any loss or damage arising directly or indirectly from the Board's acting on inaccurate information provided in the application form.

PART 1: PARTICULARS OF EMPLOYER

Name of Company:	CPF Submission Number (CSN):

Contact officer :	Telephone No.	Handphone No.
Email Address :		Fax No.

I/We, the undersigned, wish to apply for a refund of the excess CPF Payment of $ _____

paid on _____ (DD/MM/YYYY).

PART 2: DECLARATION OF BANK ACCOUNT INFORMATION

Please complete the Bank Account Information and attach a copy of Bank Statement with the top portion bearing the Name of Company and Bank Account Number)

Bank Name: _____

Branch: _____

Bank Account Number : | | | | | | | | | | | | | | | | |

PART 3: AUTHORISATION AND INDEMNITY

I/We hereby request and authorise Central Provident Fund Board ("Board") to obtain confirmation/verification of information relating to me/us and/or to my/our account(s) ("Account") as stated in the application form from/with the bank where the Account is maintained ("Bank") as stated in the application form.

In consideration of the Board acceding to my/our said request and in consideration the Bank confirming/verifying such information pursuant to the said request, I/we irrevocably consent to and authorise the Bank, including any officer thereof, to disclose any information whatsoever relating to me/us and to the Account as is necessary for the sole purpose of account validation and agree that such authorisation shall survive any termination of the Account. I/We agree that this consent shall survive the termination of any of the Account with the Bank and may be relied on and enforced as fully and effectively by the Bank as if it is addressed to the Bank.

I/We understand that the Board is not obliged to perform the verification requested by me/us and has the absolute discretion to decide whether or not to perform such verification, I/We agree that I/we will not hold the Board responsible if it decides not to perform such verification.

PART 4: DECLARATION BY EMPLOYER

I/We declare that the information given in this form is true and correct. I/We agree and abide to the authorisation and indemnity clause under Part 3.

_____	_____	_____	_____
Name of Employer or Authorised Officer	**Designation**	**Signature**	**Date**