



Request to Change Payment Details

Under Section 15 of the Central Provident Fund Act (Chapter 36)

Note: Amendment made must be signed against by the member. Use of correction fluid/tape is not allowed.
 (This form may take you 3 minutes to complete.)

PART 1 PARTICULARS OF APPLICANT (as shown on the identity card or travel document)

Name: _____	CPF Account Number											
Malaysian IC/Foreign Passport Number: _____	*S/T <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											
Contact Number: _____	Deceased's CPF Account Number (if applicable)											
E-mail Address: _____	*S/T <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>											
Address: _____												

PART 2 CHANGE OF PAYMENT DETAILS

Please select (tick) one of the options below:

Inter-bank Giro Telegraphic Transfer

(i) Bank Account Number : _____
 (Bank account must not be a trust account)

Name of Bank : _____

(ii) To be completed for payment via Telegraphic Transfer only:

SWIFT Code : _____ (Can be obtained from the bank)

Bank Address : _____

**Certified Correct by CPF /
Bank Officer:**

.....
**CPF / Bank Officer's Name,
Signature, Bank's Stamp & Date**

I authorise CPF Board to use the above bank account for payments under CPF Withdrawal, CPF Minimum Sum Scheme, CPF LIFE and HDB's Lease Buyback Scheme (if applicable).

Right Thumb Print/Signature of Applicant _____ Date _____

IMPORTANT NOTES:

No bank certification is required if yours is a POSBank account opened under your Singapore NRIC. Otherwise, please get your bank to certify the account information above or send us your original bank statement. If the information is to be certified by a CPF officer, please bring the original bank passbook/statement, your identity card and this form to any of our CPF service centre.

If your form is completed overseas, please furnish us with your original bank statement for verification. Alternatively, you can submit a copy of your bank statement/passbook certified true by a Notary Public or an official from the Singapore High Commission/ the Embassy of the Republic of Singapore with his official seal/stamp duly affixed.

FOR OFFICIAL USE ONLY

Accepted by: _____ Our ref: LM/MC/MGS/D: _____
 Officer's Name, Stamp & Signature / Date

Remarks: _____

* Delete whichever is inapplicable.
 Note: Upon receipt of your form, please allow at least 5 working days to process the change in payment details.
 (03/2011)