



**STAFF ACCESS**

\*System Administrator – Add / delete Editor, delete System Administrator and update company's particulars.

\*\*Editor – Perform e-submission of CPF contribution details.

It is possible for the authorised person to hold both System Administrator and Editor roles concurrently.

Please indicate at least one System Administrator and Editor for your company.

Name (as in the NRIC or Passport)	NRIC / FIN No.	Please tick (√)	
		* System Administrator	** Editor
(1)		<input type="checkbox"/>	<input type="checkbox"/>
(2)		<input type="checkbox"/>	<input type="checkbox"/>

**PAYMENT MODE**

Payments can be made in either one of the electronic payment modes; **GIRO or Internet Banking**

**(A) GIRO – Direct Debit Authorisation (DDA)**  
Please choose ONE direct debit option

**Next day deduction**

GIRO Deduction will take place within three working days from the date of submission.

**Deduction on last day of grace period (i.e. 14<sup>th</sup> Day Deduction)**

GIRO Deduction will be effected on the 14<sup>th</sup> of every month if we receive your CPF contribution details between the 1<sup>st</sup> and the 12<sup>th</sup>. If the 14<sup>th</sup> falls on a Saturday, Sunday or Public Holiday, the deduction will be effected on the next working day.

GIRO Deduction will be made two working days later if we receive your CPF contribution details between the 13<sup>th</sup> and last day of the month.

Please complete and mail the Application for Interbank GIRO (IBG) form to the Board if your company does not have an existing GIRO arrangement for CPF contribution. The IBG form can be downloaded at [www.cpf.gov.sg](http://www.cpf.gov.sg)

**(B) Internet Banking – Payment via eNETS**

- Internet Banking User with a Personal Account with UOB / DBS / POSB / OCBC / Citibank (Maxisave & Ready Credit)

**CONFIRMATION**

I / We (Name): \_\_\_\_\_, NRIC/FIN No. \_\_\_\_\_ of

(Company) \_\_\_\_\_ agree to abide by the terms in this form and confirm that all the information given in this form is true, correct and complete. I / We shall not hold the CPF Board liable for any losses or damages that may incur due to incorrect information given herein. I / We also agree that the CPF Board has the right to reject this form on any ground whatsoever.

Signature of Requestor: \_\_\_\_\_

Designation of Requestor: \_\_\_\_\_