

## ST. HILDA'S SECONDARY SCHOOL

2 TAMPINES STREET 82, SINGAPORE 528986. TEL: 63055277 FAX: 67865011 Email: shss@moe.edu.sg Website : http://www.sthildassec.moe.edu.sg

Vision: An excellent institution recognized for bringing up pupils with a love for God, Life & Learning. \* Integrity our Anchor \* Caring our Heartbeat \* Commitment our Resolve \* Excellence our Pursuit \*

> \* Please sign against any cancellations and/or amendments made on this Authorised Withdrawal Form \* Please check the available Edusave Balance at 6260-0777 prior submission to School. Thank you.

## Form E3 APPLICATION FOR WITHDRAWAL OF FUNDS FROM EDUSAVE ACCOUNT

Principal St. Hilda's Secondary School

**USE OF EDUSAVE FUNDS FOR:** 

Pupil's Name: \_\_\_\_\_

Level/Class:	
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Birth Certificate/NRIC No1:	<u>ا</u> ـــــ				-	J
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Please refer to your letter dated \_\_\_\_\_

2. I wish to withdraw an amount<sup>2</sup> of **<u>S</u>** from my above-named child's/ward's<sup>3</sup> Edusave account for payment of the abovementioned programme.

## I also undertake to make the payment in cash if there are insufficient funds in 3. my child's/ward's<sup>3</sup> Edusave account to meet the payment.

\*Call 6260-0777 to check, Available Edusave Fund is \$ as at (plse indicate)

Signature of Father/Mother/Guardian\*

\* Date

child's Edusave account. \*To check the availability of fund in the Edusave Account, you may call the Edusave Phone Enquiry System at 6260-0777. <sup>3</sup> Delete whichever is not applicable

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<sup>&</sup>lt;sup>1</sup> Pupil's Identity No. is written in this format: S(prefix) – 1234567(Birth Cert/NRIC No) – A(suffix) <sup>2</sup> This is an estimated amount. If the actual cost is lower, the lower amount will be withdrawn from your