Central Provident Fund Board
cpf.gov.sg

CPF Account Closure for non-Singapore Citizens and non-Permanent Residents

This form may take you 25 minutes to complete.

Form CPF-CA 07/2024

IMPORTANT:

1. This form is only applicable if you are not a Singapore Citizen or Permanent Resident.
2. If you are in Singapore and are unable to submit your application via the alternative channels on Page 7, please make an appointment to complete the form at CPF Service Centre so that our officers can assist to witness your application and certify the supporting documents.
3. Please sign against any amendment made. DO NOT use correction fluid/tape as it will render this form void. It is an offence to make any false statement or to produce any document which is false for any purpose in connection with this application.
4. Please read the Important Notes on Page 5 and Page 6 before completing the form.
5. **An incomplete form and/or supporting documents will delay the processing.**

1 Applicant's Particulars

Name as in Identification Document (IN BLOCK LETTERS)
JEHAN GERARD BASTIANS

Singapore NRIC/CPF Account No.
7 4 1 1 7 2 2 9 1

Foreign Identification No.
SL001

Foreign Passport No.
N8315542

Date of Birth
26 / 04 / 74
D D M M Y Y

Contact No.
0450892604

Email
jbastians@dbla.com.au

Overseas Address
26, RIVERGUM WAY ROUSE HILL
2155 NSW AUSTRALIA

2 Bank Details (the "Bank Account")

NOTE:

1. The Bank Account must **not** be a trust account.
2. A cheque in Singapore dollars may be issued if your bank account details are not in order (e.g. the bank account number provided is inaccurate or incomplete). The applicant will need to bear all bank charges for overseas clearance of cheque.
3. For telegraphic transfer to an overseas Bank Account, please ensure that your bank accepts payment in Singapore dollars. Otherwise, the payment will be converted to US dollars. The applicant will need to bear all bank charges, including any foreign exchange rate differences and conversion charges.

Bank's Name
MAY BANK

Bank Account No.
01 5001281 - 18

▶ *For Telegraphic Transfer only*

Recipient's Bank Details

Recipient's Account Name
JGL BASTIANS

Recipient Bank's Address
—

Recipient Bank's SWIFT Code

Additional Bank Details e.g. IBAN, clearing code etc
▶ *Optional*

Intermediary Bank Details ▶ *Optional*

Intermediary Bank's Name
—

Intermediary Bank's SWIFT Code ▶ *Optional*
LKL2HB

Signature/Thumbprint of Applicant

Please attach a copy of your bank letter/statement, showing clearly your full name and bank account number.

MINISTRY OF HEALTH
SINGAPORE

MEDICAL CLAIMS AUTHORISATION FORM (SINGLE INSTITUTION)

Central Provident Fund Board
Singapore

A - Particulars of Patient

Name: JEHAN BASTIANS		Date of Birth: (DD-MM-YYYY) 26/4/1976	☐ Singapore Citizen (SC) ☐ Permanent Resident (PR) ☑ Foreigner
NRIC / CPF Account No: 1050133410I	FIN / Passport No: (for foreigners only) N8815542		

B - Particulars of the Additional MediSave Payer

Name: NEJRA WILLIAMS		Date of Birth: (DD-MM-YYYY) 01/08/71	NRIC / CPF Account No: 1850128I01
The Patient is the Additional MediSave Payer's:	☑ Spouse ☐ Child ☐ Parent ☐ Grandparent (Patient must be SC/PR) ☐ Sibling (Patient must be SC/PR)		

C – Purpose

(For the **Patient**)
I authorise the Medical Institution to:

- Y / N Check my healthcare financing coverage;
- Y / N Withdraw from my MediSave;
- Y / N Claim from my Health Insurance Policy;

(For the **Additional MediSave Payer**)
I authorise the Medical Institution to:

- Y / N Check my healthcare financing coverage;
- Y / N Withdraw from my MediSave;

for the Patient's treatment charges incurred at: Name of the **Medical Institution:**

- Y / N for hospitalisation[1] / day surgery / treatment period starting on / from: Date: (DD-MM-YYYY)
- Y / N for all outpatient treatments

(a) claimable under

- Y / N Renal dialysis
- Y / N Chemotherapy
- Y / N Outpatient scans
- Y / N Flexi-MediSave
- Y / N Radiotherapy
- Y / N Cancer scans
- Y / N Anti-Retroviral Drugs
- Y / N Approved chronic diseases, vaccinations, screenings
- Y / N Other schemes (please specify):

(b) and sought

- Y / N on: Date: (DD-MM-YYYY)
- Y / N within the limited period[2] from: Date: (DD-MM-YYYY) to Date: (DD-MM-YYYY)
- Y / N for an indefinite period[2], until revoked in writing, starting from: Date: (DD-MM-YYYY)

1: If the Patient authorises use of MediSave and passes away during this hospitalisation, the Patient's MediSave balance will be used to pay the last hospitalisation bill first before any withdrawal can be made from the MediSave Account of any Additional MediSave Payer(s).
2: Please inform the staff at the Medical Institution during your visit how you would like the bill to be claimed. If you do not do so, the Medical Institution may, as authorised, claim the bill in full from the Patient's and/or the Additional MediSave Payer's MediSave and Health Insurance Policy.

D - Authorisation on Behalf of Patient / Additional MediSave Payer

(Please complete this part only if you are signing on behalf of the Patient or the Additional MediSave Payer.)

Name: JEHAN BASTIANS	Date of Birth: (DD-MM-YYYY) 26/04/76	NRIC / FIN / Passport Number: G4117229J

I am signing this form on behalf of (please tick):

☐ **the Patient**, because:
- ☐ I am the parent / legal guardian[3] of the Patient who is under 21 years of age.
- ☐ he/she lacks capacity[4], and I am his/her:
  - ☐ donee / deputy[5].
  - ☐ family member[6].
- ☐ he/she is deceased, and I am his/her:
  - ☐ donee / deputy[5].
  - ☐ family member[6].

☐ **the Additional MediSave Payer**, because:
- ☐ I am the parent / legal guardian[3] of the Additional MediSave Payer who is under 21 years of age.

3: You are lawfully appointed as a legal guardian by a court or under a will/deed.
4: A person lacks capacity as set out in Section 4 of the Mental Capacity Act (Cap. 177A) ("**MCA**").
5: You are acting under a Lasting Power of Attorney registered under the MCA with power to act on behalf of the Patient, or are appointed by the Court under the MCA to act on behalf of the Patient.
6: You are the spouse, child, or parent of the Patient, are 21 years old and above, and do not lack capacity.

(The section below must be completed by a doctor if the Patient lacks capacity and a doctor's certification or court order has not already been obtained.)

Doctor's Certification

I certify that the Patient lacks capacity and is unable to sign this form.

Name of Doctor: DINESH WIJEYSINGHE	Doctor's MCR:	Clinic / Hospital Stamp:
Doctor's Signature:	Date of Signature (DD-MM-YYYY): 29/11/2024	

Central Provident Fund Board
cpf.gov.sg

Medical Certification for Member (for Withdrawal of CPF Savings)

This form may take you 10 minutes to complete.

Form RLE-MC 06/2023

IMPORTANT: Please hand this form to your doctor during your medical appointment.

1 Doctor's Certification

To CPF Board: This is to certify that this applicant is suffering from the following medical condition(s) that resulted in a reduced life expectancy or permanent incapacity :

Name as in NRIC (IN BLOCK LETTERS) ▶ *Affix name label here if available*

JEHAN BASTIANS

NRIC/CPF Account No.

7411722911

Medical Condition

~~HBB~~ HIGH BLOOD PRESSURE

Date of Diagnosis

15/10/24

I am of the opinion that the above-named applicant:

▶ *Please answer **all** the questions below*

1. has a reduced life expectancy ▶ *Please tick one*

- [x] of **one year or less** since 15/06/24
- [ ] of ____ years **and** fulfills one or both of the following conditions:
  - [ ] Disease is of moderate to severe stage (e.g. Stage 3 and above).
  - [ ] Significant loss (≥ 70%) of organ function.
- [ ] No, the applicant does not have a reduced life expectancy.

2. is suffering from serious medical condition(s) that render the applicant ▶ *Please tick at least one*

- [x] **permanently** unfit for work[1]
- [ ] **in need of permanent assistance** to perform **any of the six activities** of daily living (washing, dressing, feeding, toileting, mobility and transferring)

  Please state the activity/activities: ____
- [ ] **lacking capacity** within the meaning of Section 4 of the Mental Capacity Act 2008[2] since ____/____/____ and the condition is likely to be **permanent** ☐ **temporary** ☐
- [ ] None of the above

[1]A person who is permanently unfit for work (physically or mentally) should be permanently incapable of working in any form of employment. Persons who are still able to perform some form of work but have difficulty in finding employment do not fall under this definition.

[2]A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. A person is unable to make a decision for himself if he is unable: (1) to understand the information relevant to the decision; (2) to retain that information; (3) to use or weigh that information as part of the process of making the decision; or (4) to communicate his decision (whether by talking, using sign language or any other means).

Date 29/11/24

Signature of Doctor

Stamp showing full name of Doctor, MCR No & name of hospital/clinic