

Appendix IV

LASALLE INTERNAL CONTROL FORM FOR CPF/PSEA CLAIM

CONFIDENTIAL



Student Particulars			
Student Name:	Student ID:	Student NRIC / FIN:	Contact No.:
Claimed for Academic Year 20_____/20_____	Sem 1 <input type="checkbox"/> Sem 2 <input type="checkbox"/>	Course (Diploma / BA / Masters*) : _____	
(1) Bursary/Scholarship Information			Bursary/Scholarship Awarded Amount per Semester
Title of Scholarship/Bursary awarded: _____			S\$ _____
(2) CPF Education Scheme Payment Information			CPF Claim Amount
CPF claim drawn from member account of: Parent / Self / Relatives (please circle the selected)			S\$ _____
Balance available in member's CPF Education Account S\$ _____			
Please select one of the following:			
<input type="checkbox"/> New CPF Scheme applicant <i>For new applicant, please ensure that online application has been completed and you have received an acknowledgment email from CPF.</i>			
<input type="checkbox"/> Existing CPF Scheme user			
(3) PSEA (Post Secondary Education Account) Payment Information			PSEA Claim Amount
Apply for: (a) Own PSEA <input type="checkbox"/> (b) Siblings' PSEA <input type="checkbox"/> (c) Own & Siblings' PSEA <input type="checkbox"/>			S\$ _____
<i>For option b & c, please present original or photocopy of birth certificate of both student and sibling for verification.</i>			
PSEA balance available in: Own account S\$ _____			
Sibling 1's account S\$ _____ Sibling 2's account S\$ _____ Sibling 3's account S\$ _____			
Adhoc Application For Use Of PSEA submitted to LASALLE Finance? Yes <input type="checkbox"/>			
Balance Course Fee / Miscellaneous Fees payable by Cash/Cheque/Nets/Visa/Master/Internet Banking/ATM Banking to be collected by LASALLE Finance			School Fee Payment Amount
Balance Course fee			S\$ _____
Medical Insurance Scheme (MIS)			S\$ _____
Fee Protection Scheme (FPS)			S\$ _____
Total Balance Course Fee & Miscellaneous Fees			S\$ _____
* For Student / Parent / Guardian / Authorised Person			
<p>1. I declare that the balance in the member's account to be used for fee payment is sufficient. If there is any shortfall, this fee will be paid by cash in full immediately, including the \$100 late fee.</p> <p>2. I hereby agree and accept that by submitting this form, LASALLE will claim on my behalf from CPF/PSEA the required amount and details as indicated above and PSEA Ad Hoc Form, if any.</p> <p>3. I declare that all of the information provided on this form is true and to my best knowledge.</p> <p>4. I shall not hold LASALLE responsible if claims reimbursed from CPF/PSEA are different from that stated in this form.</p> <p>Note : It is mandatory for students who want to pay course fee by CPF / PSEA every semester to complete and submit this "LASALLE Internal Control Form for CPF/PSEA Claim" to Division of Finance each semester. Failing to do so, LASALLE will not submit your claims to CPF / MOE.</p>			
Student's Signature & Date		Parent's / Guardian's /Authorised Person's Signature & Date	
		NRIC / Passport Number: _____	
For LASALLE Finance use ONLY			
Remarks:			