

How to fill in “Adhoc Application for use of Post Secondary Education Account” form?

1. Please click [here](#) to download the form.
2. Please fill in Part 1 of the form as follows:

Part 1: To be completed by student (please write within the boxes)

1. Fill in your name as in your NRIC

2. Fill in your contact no.

3. Fill in your NRIC no. e.g. S 1234567 A

Name : _____

Contact No : _____ NRIC/BC No. : _____

Institution Name : SINGAPORE POLYTECHNIC Usage category*: T T F - C O U R S E

Course/Fee Description : _____ Course/Fee Amount, S\$: _____

Please do **NOT** fill in this field. We will fill in for you.

4. Fill in the amount based on the course fees amount stated in our email

3. Please sign at Part 3 of the form:

Part 3: To be completed by student / parent / legal guardian / siblings aged 21 and above

By Student / Parent/Legal Guardian	By Siblings Aged 21 And Above Named In Part 2
Under Section 16(D) of the Education Endowment and Savings Schemes Act, I hereby authorise the PSE Scheme Administrator to make deductions from my / my child's (children's) PSEA to pay fees or charges incurred by myself / my child at any approved institution.	Under Section 16(D) of the Education Endowment and Savings Schemes Act, I/we hereby authorise the PSE Scheme Administrator to make deductions from my / our PSEA to pay fees or charges incurred by my / our sibling named in Part 1 at any approved institution.
I declare that, to the best of my knowledge, all the information in this form is true and accurate. In connection with this application, I undertake to furnish to the PSE Scheme Administrator any documents which the PSE Scheme Administrator may require for verification purposes, and also authorise the PSE Scheme Administrator to obtain from the relevant authorities / persons any information or documents which may be required for such purposes.	
Signature of Student (Aged 21 and above) / Signature of Parent / Legal Guardian (if student or siblings is/are below 21 years old)	Sibling's NRIC _____ Signature & Date _____
_____ Date _____	Sibling's NRIC _____ Signature & Date _____
Name of Guardian _____ Parent's / Legal Guardian's NRIC _____	Sibling's NRIC _____ Signature & Date _____

1. You sign here if you are aged 21 and above. If you are below aged 21, your parent needs to sign here.

2. Fill in today date

4. If you are using your own PSEA only, you can skip part 2 of the form. However, if you are going to use your siblings' PSEA to pay for the course fees, please fill in part 2 as follows:

Part 2: To be completed by student only if using the PSEA of sibling(s). Sibling refers to natural/adopted/step sibling. Please leave Part 2 blank if student is using his/her own PSEA only.

Deduction Priority	Name Of Sibling	NRIC / BC No of Sibling	Maximum Amount To Use (% of Fees) (Place a ✓ at the appropriate box)			
			25%	50%	75%	100%
First	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Fill in your sibling name as in his/her NRIC.

2. Fill in your sibling NRIC no. e.g. S 1234567 A

3. Place a ✓ at the appropriate box

and your sibling(s) needs/need to sign at part 3 of the form:

Part 3: To be completed by student / parent / legal guardian of siblings aged 21 and above

By Student / Parent/Legal Guardian		Siblings Aged 21 And Above named In Part 2	
<p>Under Section 16(D) of the Education Endowment and Savings Schemes Act, I hereby authorise the PSE Scheme Administrator to make deductions from my / my child's (children's) PSEA to pay fees or charges incurred by myself / my child at any approved institution.</p> <p>I declare that, to the best of my knowledge, all the information in this form is true and accurate. In connection with this application, I undertake to furnish to the PSE Scheme Administrator any documents which the PSE Scheme Administrator may require for verification purposes, and also authorise the PSE Scheme Administrator to obtain from the relevant authorities / persons any information or documents which may be required for such purposes.</p>		<p>Under Section 16(D) of the Education Endowment and Savings Schemes Act, I/we hereby authorise the PSE Scheme Administrator to make deductions from my / our PSEA to pay fees or charges incurred by my / our sibling(s) named in Part 1 at any approved institution.</p>	
<p>Signature of Student (Aged 21 and above) / Signature of Parent / Legal Guardian (if student or siblings is/are below 21 years old)</p> <p>_____</p> <p>Name _____ Guardian _____ Parent's / Legal Guardian's NRIC _____</p>		<p>Sibling's NRIC _____ Signature & Date _____</p> <p>Sibling's NRIC _____ Signature & Date _____</p> <p>Sibling's NRIC _____ Signature & Date _____</p>	

1. You sign here if you are aged 21 and above. If you are below aged 21, your parent needs to sign here.

2. Fill in today date

3. Fill in your sibling NRIC

4. Your sibling sign here

5. Please submit the completed form to PACE Academy, Singapore Polytechnic by post or at PACE office (Mon-Fri: 8:30am to 8:00pm):

Singapore Polytechnic
PACE Academy
500 Dover Road
Blk T1A, Level 1
Singapore 139651