

Payment of Course Fee using Post-Secondary Education Account (PSEA)
(Applicable for Singapore Citizens aged 30 and below only)

1. Download the PSEA form [here](#).
2. Email the duly completed and signed PSEA form to ptenquiry@sp.edu.sg
or
Mail/submit the duly completed and signed hardcopy form to our One Stop Centre (OSC) (refer [here](#) for its location and operating hours).

Any cancellations on the form will require a countersign. Do not use correction fluid or correction tape on the form.

3. The PSEA form has three parts: **Part 1 (Compulsory)**, **Part 2 (Optional)** and **Part 3 (Compulsory)**.

Steps to complete the PSEA form

Part1 (Compulsory): Please fill in your Name, Contact No, NRIC and Course/Fee Amount only.
Note: Course/Fee Amount is stated in your Payment Email.

Part 1 (Compulsory)		To be completed by student – please write clearly	
Name as in NRIC/BC:	<input type="text"/>		
Contact No:	<input type="text"/>	NRIC/BC No.:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Institution Name:	SINGAPORE POLYTECHNIC	Usage Category: (refer to next page)	<input type="checkbox"/> Leave Blank <input type="text"/>
Course/Fee Description:	<input type="text"/> Leave Blank	Course/Fee Amount:	S\$ <input type="text"/>

Part 2 (Optional): You can use your sibling’s PSEA if there are insufficient funds in your account. **This section is required only if you are using your sibling’s PSEA.**

Please fill in your sibling’s name and NRIC/BC in the respective fields and take note of the following:




- a) If your sibling is aged 21 and above, he/she has to sign.
- b) If your sibling is below 21 years old, he/she **does not** sign. Your parent/ legal guardian’s details and signature **are required in Part 3 only** (refer to part 3b below).

Part 2 (Optional)		Please leave this section blank if student is using his/her own PSEA only. To use the PSEA of siblings(s), please complete below. Sibling refers to natural / adopted / step-sibling.		
Deduction Priority	First	Next	Last	
Name Of Sibling	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NRIC / BC No of Sibling	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Maximum Amount To Use (% of Fees) (Place a √ at the appropriate box)	25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/>	25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/>	25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/>	
For Siblings Aged 21 and Above	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. <div align="center">Leave blank if your sibling is below 21 years old</div> Signature _____ Signature _____ Signature _____			
Note: If there are errors or omissions in the information on sibling(s), only the student’s PSEA will be used for the deduction of fees.				

Part 3 (Compulsory):


- a) If you are **aged 21 and above** and using your own and/or sibling's PSEA funds, please sign at the "Signature of Student (Aged 21 and above)".

*Note: Your parent/legal guardian's details and signature are **not** required.*

Part 3 (Compulsory)	To be completed by Parent / Legal Guardian or by Student Aged 21 and above			
	<i>The below MUST be signed by Parent/ Legal Guardian if above student or sibling/s whose PSEA used (in Part 2) is/are below the age of 21 years</i>			
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.				
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.				
 _____ Name of Parent / Legal Guardian	 _____ NRIC of Parent / Legal Guardian	 _____ Signature of Parent / Legal Guardian (If student/sibling(s) is/are below 21 years old)	_____ Signature of Student (Aged 21 and above)	_____ Date

- b) If you are **below 21 years old** and using your own and/or sibling's PSEA, your parent/ legal guardian's details and signature **are required**.

*Note: You or your sibling are **not** required to sign in Part 3.*

Part 3 (Compulsory)	To be completed by Parent / Legal Guardian or by Student Aged 21 and above			
	<i>The below MUST be signed by Parent/ Legal Guardian if above student or sibling/s whose PSEA used (in Part 2) is/are below the age of 21 years</i>			
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.				
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.				
_____ Name of Parent / Legal Guardian	_____ NRIC of Parent / Legal Guardian	_____ Signature of Parent / Legal Guardian (If student/sibling(s) is/are below 21 years old)	 _____ Signature of Student (Aged 21 and above)	_____ Date