



## STEPS FOR DACCNDAAYS APPLICATION (Please read before Proceed)

STEP  
**1**

- This Application is subject to availability of space in DACCNDAAYS
- Please fill up **DACCNDAAYS Application form** and **DACCNDAAYS GIRO form**
- Please ensure that Part 1 & Part 2 of this section is fulfilled for a complete application
- Please ensure that you have all documents as needed in the application

STEP  
**2**

### SUBMISSION TO THE EDUCATION DIVISION OFFICE, MCAS BUILDING, 32 ONAN RD, S424484

- ED Officer will verify the completion of application & documents
- Only complete application & documents will be processed

STEP  
**3**

### PAYMENT AT THE ENGLISH ISLAMIC BOOKSHOP, MCAS BUILDING, 32 ONAN RD, S424484

- If GIRO payment option is selected, a total payment of S\$160 is payable
- For Cash payment option, a total payment of S\$310 is payable
- All payment at the English Islamic Bookshop, Darul Arqam Singapore

## CHECKLIST FOR DACCNDAAYS APPLICATION – To be filled by applicant

### Part 1 (Documentation) Please provide together with submission

- Filled up Application Form (1 form per student)
- 1 Passport Size Photo of Child (please write I/C number and name of child at the back of the photo)
- Photocopy of Student's Birth Certificate
- Photocopy of parent's / guardianship's NRIC Card
- Relevant documents of guardianship (If applicable – in separate custody cases)

### Part 2 (Payment Options) Please choose either options

#### Option 1 (GIRO Payment)

Please tick if you choose this option

- S\$160 (Compulsory fee payment for the first 3 months + S\$10 Registration Fee)
- I have current child(ren) in DACCNDAAYS, I wish to combine the GIRO payments under the same account
- Complete GIRO Form. Please note these matters:

- **No liquid paper or correction tape can be used**
- **All amendments needs to be cancelled & signed**
- **Ensure Signature is clear & similar to your Financial Institution's record (IMPORTANT)**
- **For OCBC customers, please use OCBC GIRO forms attached**

#### Option 2 (CASH Payment)

Please tick if you choose this option

- S\$310 (Compulsory fee payment for the first 6 months + S\$10 Registration Fee)





Please affix photo here

**APPLICATION FORM INTAKE \_\_\_\_\_ / 20\_\_\_\_**  
 Darul Arqam Children's Classes and Youth School (DACCnDAYS)

- There are 6 sections in this form. Fill up all sections.
- Please provide the necessary documents where applicable

**SECTION A : Student's Particulars**

Name (As In NRIC) \_\_\_\_\_

NRIC \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_ Gender: M ( ) F ( )

Home Address \_\_\_\_\_  
 \_\_\_\_\_ Postal \_\_\_\_\_

Mailing Address \_\_\_\_\_  
If different from home add \_\_\_\_\_ Postal \_\_\_\_\_

Home Number \_\_\_\_\_ Child's Contact Number (If Any) \_\_\_\_\_

Current School Attending \_\_\_\_\_ Level \_\_\_\_\_

**SECTION B: Student's Islamic Education Background**

Is this the child's first formal exposure to Islamic education? Yes ( ) No ( )  
 If NO, please provide details below (name of Institution / teacher ie;)

Is this the child's first application for DACCnDAYS? Yes ( ) No ( )  
 If NO please provide details below (year joined & reason for joining/applying)

Does the child have other sibling(s) in DACCnDAYS? Yes ( ) No ( )  
 If YES, I wish to combine the GIRO payments under same account (If Applicable): Yes ( ) No ( )

If YES, please provide details below:

Name of current sibling(s) in DACCnDAYS (If Any)	Current Level in DACCnDAYS

**SECTION C : Student's Special Needs (Please tick if applicable)**

Does your child require special attention / assistance in learning? Yes ( ) No ( )  
 If YES, please provide details below

A.D.H.D	A.D.D	AUTISM	DYSLEXIA	OTHERS, Please Specify: _____
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Does your child have any illnesses or allergies? Yes ( ) No ( )  
 If YES, please provide details below

**SECTION D : Parents'/Guardians' Particulars (Compulsory)**

- Please Fill up both Parent 1 / Guardian 1 & Parent 2 / Guardian 2
- Parent 2 / Guardian 2 may include the next contact point in case of emergency

**Parent 1 / Guardian 1**

**Parent 2 / Guardian 2**

**Full Name**

**NRIC Number**


**Marital Status**

Please Tick One

Married	Divorced	Seperated
Single	Others	

Married	Divorced	Seperated
Single	Others	

**Relationship with child**

Please Tick One

Mother	Father	Step Mum
Step Dad	Others	
If others, please provide the documents as proof of guardianship		

Mother	Father	Step Mum
Step Dad	Others	
If others, please provide the documents as proof of guardianship		

**Religious Status (tick 1)**

**MCAS Membership (Circle 1)**

**Contact No. (compulsory)**

**Email Address (compulsory)**

Born Muslim	Convert	Other Faith
YES / NO		

Born Muslim	Convert	Other Faith
YES / NO		

**Preferred Mode Of Contact**

E-MAIL		LETTERS		SMS	
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**SECTION E : Other Contact Details (Please fill up if different from Parents / Guardians)**

<b>Contact Person 3:</b>	<b>Contact Number:</b>		<b>Relation with child:</b>
	<b>E-mail:</b>		
<b>Contact Person 4:</b>	<b>Contact Number:</b>		<b>Relation with child:</b>
	<b>E-mail:</b>		

**SECTION F : Terms and Conditions**

Please read through the terms and condition stated below and acknowledge it with your signature at the end. Thank You.

**MCAS COPY**

**ACCEPTANCE**

- 1 This application does not constitute an official & final acceptance of the applications for DACCnDAYS. MCAS reserves the right to accept or reject this application. Incomplete or false/inaccurate information will subject to immediate rejection.

**REGISTRATION FEE**

- 2 A non-refundable registration fee of S\$10 is payable upon registration

**FEE PAYMENT OPTION 1 (GIRO)**

- 3 For parents opting for GIRO, **fees for first three months (S\$150)** has to be made in **cash/nets/credit card** during registration at **The English Islamic Bookshop, Darul Arqam.**

- 4 Payment of fees will be deducted monthly via GIRO on the 28th of each month. If the 28th day falls on Sunday or Public Holiday, the deduction will be done on the next working day.

**FEE PAYMENT OPTION 2 (CASH)**

- 5 For parents opting for CASH payments, fees for first 6 months (**S\$300**) **has to be made in cash/nets/credit card during registration at The English Islamic Bookshop, Darul Arqam.**

- 6 The balance payment of \$200 or any amount calculated for the balance of the year has to be made in cash/nets/credit card/bank transfer as an advance payment for the rest of the year.

**DEFAULT IN PAYMENT**

- 7 MCAS reserves the right to terminate student if payments is defaulted for **3 consecutive months.**

**WITHDRAWAL**

- 8 Parents/Guardians are to inform MCAS, in writing **ONE** month in advance before withdrawing students. All applicable fees must be paid before the withdrawal of the student. Failure to inform may result in billing of the monthly fees for DACCnDAYS.

**SPECIAL NEEDS**

- 9 Parents/Guardians are to inform MCAS if students require special attention and/or are on any kind of medication.

**OTHERS**

- 10 MCAS reserves the right to change, vary, add or delete any of the Terms & Conditions as deemed fit, without prior notice.

- 11 Upon acceptance, parents & students must abide the the Rules & Regulations of DACCnDAYS.

- 12 Student who violates several rules & disciplinary of DACCnDAYS may be suspended or discontinued.

- 13 I understand and agree to the Terms and Conditions stated above. MCAS reserves the right to terminate student's enrolment if their continued participation represents a risk to their health & safety or to the health & safety of others.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**PDPA DECLARATIONS**

I hereby declare that all the entries in this form are true and correct. I authorise the Muslim Converts' Association of Singapore (MCAS) to disclose my personal information to its employees for administration and record purposes. I further authorize MCAS to send me communications relating to services, events, promotions or newsletters via electronic mail, mobile phone text messages and/or mailers. MCAS represent to, warrant and undertake that collective consents have been obtained allowing MCAS to collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the MCAS Personal Data Protection Policy available on our website.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**SECTION F : Terms and Conditions**

Please read through the terms and condition stated below and acknowledge it with your signature at the end. Thank You.

**PARENT'S COPY**

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**Parent's Signature**

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**Date**





**APPLICATION FORM FOR INTERBANK GIRO (For Non-OCBC Customer)**  
 FOR APPLICANT'S COMPLETION (Fill in the spaces indicated with, '\*')

**Important Note:**

- No liquid paper or correction tape can be used
- All amendments needs to be cancelled & signed
- Ensure Signature is clear & similar to your Financial Institution's record (IMPORTANT)

Date:

Name of Billing Organisation ("BO"):

\*

\* THE MUSLIM CONVERTS' ASSN OF S'PORE

To: Name of Financial Institution:  
 (e.g POSB/DBS/Maybank etc.) (Non-OCBC)

Billing Organisation's Customer's Name  
 (Account Holder's Name as in Bank Book):

\*

\*

Branch:

Billing Organisation's Customer's Reference Number  
 (Account holder NRIC NO):

\*

\*

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.  
 (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.  
 (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

My/Our Name(s):  
 (Account Holder's Name as in Bank Book)

My/Our Contact (Tel/Fax) Number(s):

\*

\*

My/Our Account Number:

Signature(s)/Thumbprint(s)\*:  
 (As in Financial Institution's records)

\*

\*

**PART 2: FOR BILLING ORGANISATION'S COMPLETION**

Swift BIC	Billing Organisation's Account No.	Billing Organisation's Customer Reference
CIBBSGSGXXX	2 0 0 0 4 1 1 3 0 5	
	Account No. to be debited.	

**PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION**

This Application is hereby REJECTED (please tick) for the following reason(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear #                         | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint #                         | <input type="checkbox"/> Others: _____                            |

\_\_\_\_\_  
 Name of Approving Officer

\_\_\_\_\_  
 Authorised Signature

\_\_\_\_\_  
 Date

\* For thumbprints, please go to the branch with your identification.

# Please delete where inapplicable



# GIRO APPLICATION FORM

FOR OCBC ONLY

**PART 1: FOR APPLICANT'S COMPLETION**  
(Please fill in all the fields. Incomplete forms may not be processed)

Date: _____	Name of Billing Organisation ("BO") _____
To: My/Our Bank ("Bank") _____	Billing Organisation's Customer's Reference No: _____
Payment limit (Maximum amount to be deducted per transaction): <sup>NOTE</sup> _____	Expiry date of this authorisation: <sup>NOTE</sup> _____

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until
  - (i) the Bank's written notice sent to my/our address last known to the Bank;
  - (ii) upon the Bank's receipt of my/our written revocation; or
  - (iii) upon the Bank's receipt of the notice of expiry from the BO.

*NOTE: BOs should print and make clear whether this option is applicable or available to their customers.*

My/Our Name (s): _____	My/Our Contact (Tel/Fax) Number(s): _____
My/Our Account Number: _____	My/Our Company Stamp/Signature(s)/Thumbprint(s)*: _____ <i>(As in Financial Institution's records)</i>

**PART 2: FOR BILLING ORGANISATION'S COMPLETION**

SWIFT BIC	Billing Organisation's Account No	Billing Organisation's Customer Ref No

  

SWIFT BIC	Account No. To Be Debited

**PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION**

To: BILLING ORGANISATION

This Application is hereby REJECTED (Please tick ✓) for the following reason (s):

- |   |   |
|---|---|
| <input type="checkbox"/> Signature/thumbprint# differs from Financial Institution's records | <input type="checkbox"/> Wrong Account Number                     |
| <input type="checkbox"/> Signature/thumbprint# incomplete/unclear#                          | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by signature/thumbprint#                          | <input type="checkbox"/> Others                                   |

Name of Approving Officer	Authorised Signature	Date
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\* For thumbprints, please go to the branch with your identification.  
# Please delete where inapplicable