

DIRECT CREDIT AUTHORISATION FORM

(Only Originals are Accepted)

No correction tape/fluid should be used on this form. Any cancellations made must be endorsed by the same authorised signatories signing this form AND bank.

Please complete Part II, obtain your bank's endorsement for Part III and mail the original hardcopy completed form to the **Ministry/Department/Statutory Board that you are liaising with.** This form will only be valid for 3 months from the date signed off by the bank in Part III.

Please note:

(i) If you are receiving payment as an individual, fill in your name as stated in your NRIC/FIN.

Name & Signature of Authorised Bank Officer

- (ii) If you are receiving payment as a Singapore registered company/business/society, fill in your organisation's name as registered with ACRA/UEN. You may check your registered name on www.uen.gov.sg.
- (iii) Leave Part III blank if you are an ACRA-registered organisation/Singapore Citizen/Permanent Resident AND you hold a bank account with DBS/POSB/OCBC/UOB.

	/Statutory Bo	ard							Vendor ID	
Contact Officer								<u>.</u>	Please tick one	of the relevant boxes:
Contact Number									New vendo	or record
Fax Number									Update of e	existing vendor record
RT II – TO BE COMPLETED	BY ENTITY	RECEI	VING	PAY	ME	NT FI	ROM	THE GOVERNMENT/STATU	TORY BOARD	
fields are mandatory. Incom	nplete forms	will no	ot be	proc	ess	ed.				
: ACCOUNTANT-GENERAL										
UEN No. (for all UEN registered entities)								Addrocs		
OR NRIC / FIN (for individuals) OR								Address		
Others (e.g. Foreign Passport No)								Telephone Number		
	Voc / No		<u>i</u>					Fax Number		
GST Registered Yes / No GST Registration No.							Email Address*			
It is mandatory to provide the sent to this email address. me(s) of Bank Account Holde		ss. Payı	ment	notifi	catio	on wil	be			
sent to this email address. me(s) of Bank Account Holder				count				lited		
sent to this email address. me(s) of Bank Account Holder	r(s):							dited		
ank No. Branch Branc	ch No. ch No. ernment and State to be in force orise the Gover cocunt is maint nent and Statut ly consent to ar pose of account	atutory E until I/w rnment : ained as tory Boa nd autho nt valida	Board: Board:	s to crue notificatuto de de la credime Barand ag	edit fied y ry Bine fo g to nk, in	payme	nts du writing to obt	e to me/us to the above account. ain confirmation/verification of infrequest and in consideration of the officer thereof, to disclose any info	ormation relating e Bank confirming rmation whatsoev nation of the Acco	dited would constitute valid discharto me/us and/or to my/our accorg/verifying such information pursuver relating to me/us and to the Acount. I/We agree that this consent if it is addressed to the Bank.
ank No. Branch Branc	ch No. ch No. ernment and State to be in force orise the Government and Statut ly consent to arropose of account in the Account will be the Acco	atutory E until I/w rrnment : tained as tory Boa nd autho nd valida vith the E	Board: ye hav and S s state urds ac urise th	s to cree notifications of the control of the contr	edit fied y ry Bine fo g to nk, in	payme	nts du writing to obt	e to me/us to the above account. ain confirmation/verification of infrequest and in consideration of the officer thereof, to disclose any infohorisation shall survive any termination.	ormation relating e Bank confirming rmation whatsoev nation of the Acco y by the Bank as i	to me/us and/or to my/our accor g/verifying such information pursu ver relating to me/us and to the Ac ount. I/We agree that this consent
ank No. Branch I/We hereby authorise the Gove obligations due to me/us. This authorisation shall continue I/We hereby request and authorism the bank where the All n consideration of the Governm the said request, I/we irrevocable as is necessary for the sole pur survive the termination of any of the sum of the sum of the government of the said request, I/we irrevocable as in eccessary for the sole pur survive the termination of any of the sum of	ch No. ch No. ernment and State to be in force orise the Government and Statut ly consent to arropose of account in the Account with the Acc	atutory E until I/w rrnment : tained as tory Boa nd autho nd valida vith the E	Board: ye hav and S s state urds ac urise th	s to cree notifications of the control of the contr	edit fied y ry Bine fo g to nk, in	payme	nts du writing to obt	e to me/us to the above account. ain confirmation/verification of infrequest and in consideration of the officer thereof, to disclose any infohorisation shall survive any termination.	ormation relating e Bank confirming rmation whatsoev nation of the Acco y by the Bank as i	to me/us and/or to my/our accord/ g/verifying such information pursu ver relating to me/us and to the Account. I/We agree that this consent if it is addressed to the Bank.

Date & Bank's Official Stamp

- 1. Please fill in Part II if your bank account is within these banks:
 - a) POSB
 - b) DBS
 - c) UOB
 - d) OCBC
- 2. Bank endorsed GIRO form is required if:
 - a) your bank account is not from any of the 4 banks (DBS, OCBC, POSB, UOB)
 - b) your company is non-ACRA registered (e.g. MCST)

(Please fill in both Part II and III)

3. This form is only valid for 3 months from the date signed off on Part II and/or III.

Please send the completed soft copy of this form to NEA_PSG@nea.gov.sg.