



DIRECT CREDIT AUTHORISATION FORM (INTER-BANK GIRO)

Reference No.:

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TO BE COMPLETED BY REGISTERED LESSEE	
Name:	Partial NRIC No.: <i>(Last 3 digits & last alphabet)</i>
Email Address:	Resale Completion Date:
Current Address:	
New Address:	

TO BE COMPLETED BY SUPPLIER																					
Unique Entity No. (UEN) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					
Name of Company/Organisation:																					
Address:	Email Address:																				

BANK ACCOUNT DETAILS	
Name of Bank Account Holder:	Contact Number:
Name of Bank:	Bank Account Number:

ACKNOWLEDGEMENT BY APPLICANT / ORGANISATION

I/We hereby confirm that the particulars stated are correct. Sengkang Town Council will not hold any liable for any losses, costs and expenses arising thereon. Payment will be credited directly into the bank account provided in this application through Interbank Giro.

Authorised Signature / Company Stamp

Date