## This form is to be completed by the Supplier of Hua Kiga maker workshop . Payment

(Name of Paying Organisation)	
into the Supplier's bank account stated below through Interbank Giro. The Supplier has	s to complete Part I of the form, duly completed form to
(Name of Paying Organisation)	
Part I (To Be Completed By Supplier)	
(A) To: India International Insurance Ple Ltd (Name of Paying Organisation)	
Supplier's Particulars:	111
Name: Hua Kan metar workshop	
Address : No 1 Kaki Buleit Ave 6 #02-3-	7 @ Autober 9C417883
CD:1. ~	098396
Name of Bank :: CCBC Name of Branch:	Bubit Danjang
Account Number To Be Credited: 549-044067-001	
I/We hereby authorise India International International Torrence Pte He Hereby authorise (Name of Paying Organisation) to credit payments due to me/us to the above account.	
This authorisation shall continue to be in force until I/we have express delivered to you. You may in your absolute discretion terminate this arrang my/our address last known to you.	sly revoked it by notice in writing gement by written notice delivered to
In the event of a change of bank account, I/we shall inform you in writ change.	ting 2 weeks in advance before the
(B) To: OCBC (Name of Supplier's Bank)	
I/We hereby consent to the Bank's disclosure of customer information relative	ting to me/us as requested for in this
document. 華建汽車修理廠	
HUA KIAN MOTOR WORKSHOP	
- ACENTON	0 2 SEP 2019
Signatures and Company's stamp As In Bank Account	Date
Part II (To Be Completed By Supplier's Bank)	
To:(Name of Paying Organisation).	
Without responsibility on the part of the Bank or the signing officer, v	ve confirm that the signature/other
particulars agree with that in our files. The account number to be presente	ed in the Interbank Giro format is as
ank Branch Account Number	
3339 545 044067001	
No. of the state o	
( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	0 2 SEP 2019
Name & Signature of Authorised Bank Officer	Date