

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of INDIA INTERNATIONAL INSURANCE PTE LTD. Payment will be credited directly into the Supplier's bank account stated below through Interbank Giro. The Supplier has to complete Part I of the form, obtain his banker's certification in Part II and return the duly completed form to INDIA INTERNATIONAL INSURANCE PTE LTD.

(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: INDIA INTERNATIONAL INSURANCE PTE LTD
(Name of Paying Organisation)

Supplier's Particulars:

Name : S M SPRAY PAINTING PTE LTD
 Address : 25 KAKI BUKIT ROAD 4 #08-30 SYNERGY @ KB SINGAPORE 417800
 Telephone Number: 6384 1755 Fax Number: 6384 1744
 Name of Bank : DBS BANK Name of Branch: _____
 Account Number To Be Credited : 072-007718-0

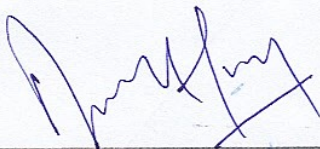
I/We hereby authorise INDIA INTERNATIONAL INSURANCE PTE LTD to credit payments due to me/us to the above account.
(Name of Paying Organisation)

This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. You may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.

In the event of a change of bank account, I/we shall inform you in writing 2 weeks in advance before the change.

(B) To: DBS BANK
(Name of Supplier's Bank)

I/We hereby consent to the Bank's disclosure of customer information relating to me/us as requested for in this document.




41 Jul 2019
Date

Signatures and Company's stamp As In Bank Account

Part II (To Be Completed By Supplier's Bank)

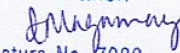
To: _____
(Name of Paying Organisation)

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature/other particulars agree with that in our files. The account number to be presented in the Interbank Giro format is as follows:

Bank	Branch	Account Number
7571	072	0720077180

Without responsibility on the part of the bank or the signing officer, we confirm that the signature(s)/ others particulars agree with the specimen held in our file.

DBS BANK LTD
Thomson Branch

Irene Seneca 
Specimen Signature No. 7080
Date

09 JUL 2019

Name & Signature of Authorised Bank Officer

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Authorised Signature