

DIRECT CREDIT AUTHORISATION FORM

This form is to be completed by the Supplier of _____ Payment will be credited directly
(Name of Paying Organisation)
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

(Name of Paying Organisation)

Part I (To Be Completed By Supplier)

(A) To: _____
(Name of Paying Organisation)

Supplier's Particulars:

Name : YEW HOCK MOTOR
Address : BIK 9006 TAMPINES STREET 93 #01-210 SE (528840)
Telephone Number: 67472384 Fax Number: 67482758
Name of Bank : United Overseas Bank Ltd Name of Branch: UOB PLQ BRANCH
Account Number To Be Credited : 132-305-622-1
India International Insurance Pte Ltd

I/We hereby authorise _____ 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: _____
(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.



Signatures and Company's stamp As In Bank Account

11/02/2020

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, 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

--	--	--	--

--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name & Signature of Authorised Bank Officer

Date