

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 : THE SINCERE MOTOR REPAIRING PTE LTD
Address : 20 SHAW ROAD #01-03 S367956
Telephone Number: 63832767 Fax Number: 62964548
Name of Bank : OCBC Name of Branch: NORTH BRANCH
Account Number To Be Credited : 581 848165 001


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: OCBC
(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

21/6/2022

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: except for Telephone No. 63832767


Bank Branch Account Number

7339

581

848165001

Pong Siew Choo
9053
OCBC Bank



Name & Signature of Authorised Bank Officer

22 JUN 2022

Date

