

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 : CN Motors Pte Ltd
Address : 1 Kaki Bukit Ave 6 Blk C #01-41 Autobay @ Kaki Bukit S(417883)
Telephone Number: 6509-5545 Fax Number: 6509-5567
Name of Bank : UOB Name of Branch: Toa Payoh
Account Number To Be Credited : 355-327-005-5

I/We hereby authorise India International Insurance P/L 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: UOB
(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.



25 NOV 2020

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, 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

73715

015

3553270055

In making the certification, the Bank does not purport to make any representation as to the correctness or authenticity of the signature(s) / particulars. We expressly disclaim and take no responsibility for any loss, cost, damage or liability to any person that is based on, or arises out of, whether directly or indirectly, the certification.

FOR UNITED OVERSEAS BANK LIMITED
HOUGANG BRANCH
Date

Name & Signature of Authorised Bank Officer

AUTHORISED SIGNATURE