This form is to be completed by the Supplier of India International Insurance Place Ltd. 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	
India International Insurance Pte Ital (Name of Paying Organisation)	
Part I (To Be Completed By Supplier)	
(A) To: India Intermationa Insurance Pta Ltd. (Name of Paying Organisation)	
Supplier's Particulars:	
Name : Feida Bus Consortium Ple Ud	
Address: No. 6 Sungei Kadut Way Singapore 728786	
Telephone Number: 4775 5115 Fax Number:	
Name of Bank :: OUBL BANK Name of Branch	a: North Branch
Account Number To Be Credited: 112.104140 . 001	
I/We hereby authorise main intermationa insurance the 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: OUBL 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.	
S. CONSOLUTION OF THE STREET O	
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	
7339 712 104140001	
Sugaris * Over	
Eoo Kar Luan	2 0 AUG 2021
Name & Signature of Authorised Bank (1975)	Date