

THE MANAGEMENT CORPORATION STRATA TITLE PLAN NO. 2197 (SUNTEC CITY)

3 Temasek Boulevard #B1-65 Suntec City Mall Singapore 038983
Tel : 6295 2888 Fax : 6294 0880

VENDOR/ PAYEE FORM

NOTE:

PLEASE COMPLETE PARTS 1 AND 2 and indicate 'NA' where not applicable.

IMPORTANT:

1. This form must be signed by the Company's **AUTHORISED SIGNATORY** and the **ORIGINAL COPY** sent to the above address and attention to **Lee Chin Ling (Accounts Executive) (Tel: 6825 2857)**. Fax copies are not acceptable and will not be processed.
2. To allow prompt payment of invoices, please ensure that **BANK DETAILS** is fully completed and signed by the **AUTHORISED SIGNATORY OF BOTH** the company and the bank of the company.
3. This form should be **typewritten**.

PART 1 : To be completed by Applicant.

COMPANY INFORMATION & BANK DETAILS:

Company Name :	
Registered Address :	
Contact / Ordering Address (If different from above) :	
Telephone :	Email Address :
Fax :	Website :
Contact Person and Department:	
Bank Account No. :	Currency of Payment :
Name as per Bank Account :	Country where bank is located :
Bank Address :	
Bank Code :	SWIFT Code / Sort Code / Bank Routing Number /
Branch Code:	Chips UID :

I / We hereby authorise MCST 2197 to credit payments due to me / us to the bank account stated. Amounts so credited would constitute valid discharge of obligations due to me / us.

The authorisation shall continue to be in force until I / We have expressly revoked it by notice in writing delivered to you. In the event of a change of bank account, I / We shall inform you in writing 30 days in advance before the change.

I / We authorise our bank to confirm directly with _____ at fax number _____ or at E-mail address ' _____ ' regarding the correctness of the bank account details. Any delay in the confirmation by the bank could result in delay in payments.

Authorised Signature :	Company Stamp :
Name :	Fax No. : Date :
Designation :	Email address:

PART 2 : To be completed by Applicant's Bank

We hereby certify that the signature(s) affixed in Part 1 above is/are consistent with our records and the particulars of the account are correct.

Countersigned by Banker :	Bank Stamp :
Name :	Fax No. : Date :
Designation :	Email address: