VENDOR CREATION / MAINTENANCE / DIRECT CREDIT AUTHORISATION FORM

INFOCOMM MEDIA DEVELOPMENT AUTHORITY

This form must be completed by the Payee of Info-communications Media Development Authority. Payment would be made directly into the payee's designated bank account stated below.
The payee has to **complete Part I of the form and to obtain the banker's certification in Part II**. The entire form must be returned by post to:

Info-communications Media Development Authority

10 Pasir Panjang Road #03-01 Mapletree Business City, Singapore 117438

Project Officer has to complete the following before mailing to vendor/fundee

Name of Project Officer/Div: _____ **Contact No:** _____

Programme/Gebiz/PR No (if applicable): _____

PART I. To be completed by Applicant (Please 'TYPE' All Information Below If Possible Or Else Please Write Legibly:)

1 Name of Company /Applicant:

2 Address :

Postal Code

***PO Box address will not be accepted unless another physical address is provided.**

Telephone No. **Fax No.** **Email Address ^**

^ Please provide the appropriate email address for IMDA to send the Payment Advice Notification

3 Key contact person (applicable for companies):

4 ACRA No. / UEN No. Or NRIC (For Individual Only)

GST Registration Number Or Foreign Business Registration No. (if applicable):

Name as in Bank Account

Singapore Bank

Bank Code	Branch Code	Bank A/C No.

(a) I/we hereby authorise Info-communications Media Development Authority (IMDA) to make payments due to me/us to the above account. Amounts so disbursed would constitute valid discharge of obligations due to me/us.

(b) This 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.

(c) I/we agree that IMDA is:

(i) Under no obligation to make any payments if any of the information provided in the Direct Credit Authorisation form is incomplete or accurate; and

(ii) Not liable for any losses or damages suffered by me/us as a result of IMDA's payment to a bank account furnished by me/us, which is incorrect.

Signature(s) of Account Holder(s) as in Bank Records | Company Stamp | Date

PART II. To be completed by Account Holder's Bank

We confirm that the above bank account particulars are correct.

Authorized Signature, Name & Bank Stamp | Tel. No. | Date

(For Official Use)

PART III. To be completed by IMDA Finance

Vendor No :

Account Group ☐ TCRD ☐ SCHL ☐ PPYE

☐ Create ☐ Update

☐ Name ☐ UEN ☐ GST ☐ Address ☐ Bank Details

Created/ Amended By : _____ Date: _____

Reviewed By : _____ Date: _____

* Please tick accordingly