



## DIRECT CREDIT AUTHORISATION FORM - GIRO/TELEGRAPHIC TRANSFER

This form is applicable to non-suppliers e.g. grantees. For suppliers, you should create or update your bank details in Vendors@Gov.

No correction tape/fluid should be used on this form. Any cancellation made must be endorsed by the same authorised signatories signing this form.

Notes for completing this form:

1. Please fill up this form so that all future payments from Singapore Food Agency (SFA) will be credited to your bank account. You are to complete Part I and either:

- attach a copy of your bank statement (showing only Name, Address and Bank Account Number) as supporting document; **OR**
- have your bank to fill up Part II of the form

2. Incomplete forms, including those without the bank's endorsement or bank statement, will not be processed.

3. Please submit the form to the relevant contact at SFA whom you have been liaising.

### PART I : TO BE COMPLETED BY APPLICANT

To: SFA

<input type="checkbox"/> Name (company name /name of individual tally with Name of Bank Account)	<input type="checkbox"/> UEN (for UEN registered entities)/NRIC (for individual) FIN/Other (Foreign Passport No)
_____	_____
<input type="checkbox"/> Address	<input type="checkbox"/> Email Address (Payment notification will be sent to this email)
_____	_____
GST Registered Yes / No	<input type="checkbox"/> Telephone Number
GST Registered No _____	_____
<input type="checkbox"/> Name of Bank Account	<input type="checkbox"/> Contact Person
_____	_____
<input type="checkbox"/> Bank Account No to be Credited	<input type="checkbox"/> SWIFT BIC
_____	_____
<input type="checkbox"/> Bank & Branch Name	<input type="checkbox"/> IBAN (for foreign bank account only, if applicable)
_____	_____
<input type="checkbox"/> SFA Contact Person	<input type="checkbox"/> SFA Contact Person Email Address
_____	_____

(a) I/ We hereby authorise Singapore Food Agency to credit payments due to me/ us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/ us from SFA.

(b) This authorisation shall continue to be in force until I/We have notified SFA in writing.

To \_\_\_\_\_  
 Name of Applicant's Bank

I/We hereby authorise you to complete Part II and submit the entire form to Singapore Food Agency without making reference to me/ us.  
I/We hereby consent to the bank's disclosure of customer information relating to me/us as requested in this document

\_\_\_\_\_  
 Date  Authorised signature (s) and stamp as in bank's record

### PART II: TO BE COMPLETED BY BANK

To: SFA

We hereby certify that the signature (s)/ other particulars as stated in Part I, agree with that contained in our records.

\_\_\_\_\_  
Name & Signature of Authorised Bank Officer

\_\_\_\_\_  
Date & Bank's Official stamp