



Application Form for Participation in IBG Scheme

(It should take about 10 to 15 minutes to complete this form.)

IMPORTANT:

PLEASE SEND THE ORIGINAL COMPLETED FORM TO MPA ONLY AFTER YOUR BANK HAS COMPLETED PART 2 OF THIS FORM, I.E. CERTIFIED THAT THE AUTHORISED SIGNATURE(S) AND BANK ACCOUNT DETAILS ARE IN ORDER.

PART I - TO BE COMPLETED BY VENDOR

To: Assistant Director (Finance)
Maritime and Port Authority of Singapore
460 Alexandra Road
#18-00 PSA Building
Singapore 119963
Tel: 63751695
(Attn: Finance Department – Accounts Payable Section)

COMPANY INFORMATION (AS IN BANK'S RECORD)

Name and Address of Company

UEN No. (Company Registration No.)

Postal Code ()

GST Registration No.

Contact Person/ Designation

Telephone No.

Contact Person's E-mail

Fax No.

I/We authorise Maritime and Port Authority of Singapore (MPA) to credit payments due to me/us to the account stated below. Amounts credited would constitute valid discharge of obligations due to me/us.

Name of Bank

Bank Code

Bank Branch

Branch Code

Bank Account Name

Bank Account Number

This authorisation will remain in force until expressly revoked by your written notice to us 30 days in advance before the change.

Date

Authorised Signature(s)
(As in bank records)

PART II - TO BE COMPLETED BY VENDOR'S BANK

To: Maritime and Port Authority of Singapore

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

Name of Bank & Official Stamp

Authorised Signature(s) & Date

PART III - TO BE COMPLETED BY MPA FINANCE DEPARTMENT

Vendor Group

Vendor Number Assigned

Finance Department Staff's Signature/ Date received

Date of effect