



**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.)

GST Registration No.

Postal Code ( )

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