



Lite-On Singapore Pte Ltd Vendor Banking Data

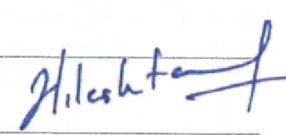
☒ **Create a New Account** (Please confirm in advance that you don't have an existing account with Lite-On)

☐ **Change of an Existing Account** (Change of bank information / company name / payee, etc.)

* Please attach other supporting document with the company name, name of bank, and account number on it. If the payee is not the same as the vendor company, please put a note in the contract and provide the notarization guarantee as well.

☐ **Others** (Please state the purpose and attach related document.)


Briefly explain why: _____

Remitter :	<input type="checkbox"/> Lite-On Singapore Pte Ltd <input type="checkbox"/> Others _____	Employee No.: 10027628 Cost Center: LA2134010
Currency	<input type="checkbox"/> USD <input type="checkbox"/> HKD <input type="checkbox"/> JPY	<input type="checkbox"/> EUR <input checked="" type="checkbox"/> SGD <input type="checkbox"/> Others _____
Beneficiary's Name :	MOHANLAL NILESH TANRI	
Address :	115 POTONG PASIR AVE 1 #04-882 SINGAPORE 350115	
TEL :	84245935	FAX : _____
Beneficiary's Bank :	DBS/POSB	
Bank & Branch code :	DBS/POSB Bank	
Address :	_____	
SWIFT Code :	DBSSSGSG	
Bank Account:	128 - 28016 - 2	
Applicant:	11/06/2021	Applicant Signature: 

(Applicant shall be solely responsible if the provided information contains error or omission. In the event Liteon cannot be held responsible for such error or omission. Applicant shall defend and indemnify and hold Liteon harmless from any expense, damage or loss arising out of such error or omission contained in above provided information.)

Vendor shall by no means assign any of its rights or obligations under the supply agreement with Lite-On to any third party

LITE-ON INTERNAL USE ONLY

Vendor Code :	_____	Payment Term _____
Apply By :	 (Signature of Application Dept.)	Created By : _____ (Signature of Account Maintenance Dept.)
Approved By :	_____ (Signature of Application Dept.) *NOTE 1	Approved By : _____ (Signature of Account Maintenance Dept.) *NOTE 2

*NOTE 1: Signature of department head or of the next tier manager authorized by the department head.

*NOTE 2: Signature of SBG head is required if request for Change of Payee, otherwise the signature of SBU head will be validated.