

**VENDOR CREATION / MAINTENANCE /
DIRECT CREDIT AUTHORISATION FORM**



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:
ROSEMARY MONAGHAN

2 Address :
124 CONCH STREET #01-03

Postal Code: 800124 *PO Box address will not be accepted unless another physical address is provided.

Telephone No. 89236727 Fax No. _____ Email Address * ROSEMARY.MONAGHAN@GMAIL.COM

* 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) S9387463F GST Registration Number Or Foreign Business Registration No. (if applicable):

Name as in Bank Account
ROSEMARY MONAGHAN

Singapore Bank		
Bank Code	Branch Code	Bank A/C No.
7282	336	1028748729

- (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 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.

CITIBANK SINGAPORE

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

(For Official Use)

PART III. To be completed by IMDA Finance

Account Group ☐ TCRD ☐ SCIL ☐ PPYE

Vendor No :
☐ Create ☐ Update
☐ Name ☐ UEN ☐ GST ☐ Address ☐ Bank Details

Created/ Amended By : _____ Date: _____

Reviewed By : _____ Date: _____

* Please tick accordingly