



SUPPLIER APPLICATION FORM FOR ACH PAYMENT

PLEASE COMPLETE FORM IN BLOCK LETTERS ONLY

PAYEE INFORMATION

COMPANY NAME

COMPANY REGISTRATION

BIR NO. VAT NO. NIS NO.

ADDRESS

STREET

CITY

COUNTRY

EMAIL

CONTACT NUMBER

MOBILE OFFICE OTHER

ID/DP/PP NO
[PLEASE ATTACH COPY TO FORM]

IDENTIFICATION CARD DRIVER'S PERMIT PASSPORT

BANKING INFORMATION

[THE INFORMATION REQUESTED IN THE SECTION IS TO BE FILLED OUT BY YOUR FINANCIAL INSTITUTION AND MUST BE SIGNED AND STAMPED]

INSTITUTION NAME

ADDRESS

STREET

CITY

COUNTRY

ACCOUNT HOLDER'S NAME

BANK ACCOUNT NUMBER

TYPE OF ACCOUNT

CHEQUE SAVING OTHER STATE OTHER

ABA NUMBER

VERIFIED BY

FINANCIAL INSTITUTION STAMP

STAMP HERE PLEASE

PAYEE DECLARATION

THE INFORMATION SUBMITTED ON THIS FORM IS TRUE AND CORRECT TO MY/OUR KNOWLEDGE. I/WE ALSO GIVE THE LEGAL AID AND ADVISORY AUTHORITY AUTHORIZATION TO MAKE PAYMENTS ON MY/OUR BEHALF TO THE BANK ACCOUNT AS PROVIDED ABOVE.

NAME IN BLOCK LETTERS

SIGNATURE

COMPANY STAMP

DATE

OFFICIAL USE ONLY

Version: 2020.05

ENTERED

OFFICER'S SIGNATURE

VERIFIED

OFFICER'S SIGNATURE