



DIRECT CREDIT AUTHORISATION FORM
(Only Originals are Accepted)

This form may take you 10 minutes to fill in.

You will need the following information to fill in the form:

- **Registration Number (i.e. ACRA No., NRIC No., FIN No. or Society No.)**
- **Bank Account Details**

(A) To allow us to make prompt payment, please note the following:

(i) If you are

(a) **not** a Company or Business registered with ACRA **or**

(b) **not** a Singapore Citizen / Singapore Work Permit Holder,

please get your banker to endorse Part III. This applies even if your banker is DBS, POSB, OCBC, UOB, Far Eastern Bank (FEB) or Citibank.

(ii) If you are a **new supplier** who wishes to receive payments from the Government by direct credit into a designated bank account, please return this original DCA form by post (no fax please) to the requesting Ministry/Department.

(iii) If you are an **existing supplier** who wishes to change your existing bank account number so that future payments from the Government will be credited into a new bank account, please return this original DCA form by post (no fax please) to

Accountant-General's Department

100 High Street

#06-01 The Treasury

Singapore 179434

(iv) If you are an **Individual**, please input your name **as stated in your NRIC**.

(v) If you are a **Society**, please fill in your Society's Registration Number as provided by Ministry of Home Affairs (MHA) / Ministry Of Community Development, Youth And Sports (MCYS).

(vi) If you are a **corporate vendor**, you can update your contact information e.g. contact number, fax number or email address via the AGD Vendors@Gov webpage at <http://www.vendors.gov.sg>

(B) Other Information

(i) If you are a Company, Business or Limited Liability Partnership registered with ACRA, you can obtain your ACRA registration number **and** ACRA registered name via ACRA website (www.acra.gov.sg) under "*Online Search / ACRA registered Business Entities*".

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No correction tape/fluid should be used on this form. Any cancellations made must be endorsed by the supplier/bank.

Part I - TO BE COMPLETED BY THE REQUESTING MINISTRY / DEPARTMENT

Name of Ministry/Department Contact Officer

Contact No. 6 Fax No. 6

Please tick one of the relevant boxes:

- Approval of new vendor record
 Update of existing vendor record

Vendor ID

Part II - TO BE COMPLETED BY SUPPLIER WHO SUPPLIES GOODS AND SERVICES TO THE GOVERNMENT

[Banker's endorsement for Part III is required if your banker is NOT any of the following banks – DBS / POSB / OCBC / UOB / Far Eastern Bank (FEB) / Citibank OR you meet the conditions stated in Part III]

To: ACCOUNTANT-GENERAL

Name(s) of Bank Account Holder(s):

Bank No.	Branch No.	Bank Account No. to be Credited
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank and Branch Name

ACRA No. (for companies)	<input type="text"/>
Address	<input type="text"/>
Telephone Number	<input type="text"/>
Fax Number	<input type="text"/>

NRIC No.
(for individuals)

Others
(e.g. Foreign
Passport No., Society
No.)

GST Registered: Yes / No

Email <Remittance Advice will be sent to this given email address>

- (a) I/We hereby authorise the Government to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us.
- (b) This authorisation shall continue to be in force until I/we have notified you in writing.
- (c) I/We hereby request and authorise The Government of Singapore to obtain confirmation/verification of information relating to me/us and/or to my/our account(s) from/with the bank where the Account is maintained as stated in the form.
- (d) In consideration of the Government acceding to my/our said request and in consideration the Bank confirming/verifying such information pursuant to the said request, I/we irrevocably consent to and authorise the Bank, including any officer thereof, to disclose any information whatsoever relating to me/us and to the Account as is necessary for the sole purpose of account validation and agree that such authorisation shall survive any termination of the Account. I/We agree that this consent shall survive the termination of any of the Account with the Bank and may be relied on and enforced as fully and effectively by the Bank as if it is addressed to the Bank.
- (e) I hereby consent/do not consent*(please delete accordingly) to the release of my updated address by the Immigration and Checkpoints Authority (ICA) to the Accountant-General's Department for the purpose of sending the Remittance Advice to me.

Authorised Signature(s) & Stamp as in Bank's Record

Date

Part III - FOR SUPPLIER TO OBTAIN BANK'S ENDORSEMENT IF SUPPLIER IS:

- i) NOT A COMPANY OR BUSINESS REGISTERED WITH ACRA OR
- ii) NOT A SINGAPORE CITIZEN / SINGAPORE WORK PERMIT HOLDER

To: ACCOUNTANT-GENERAL

We hereby certify that the signature(s) and other particulars as stated in Part II agree with that contained in our records.

Name & Signature of Authorised Bank Officer

Date & Bank's Official Stamp