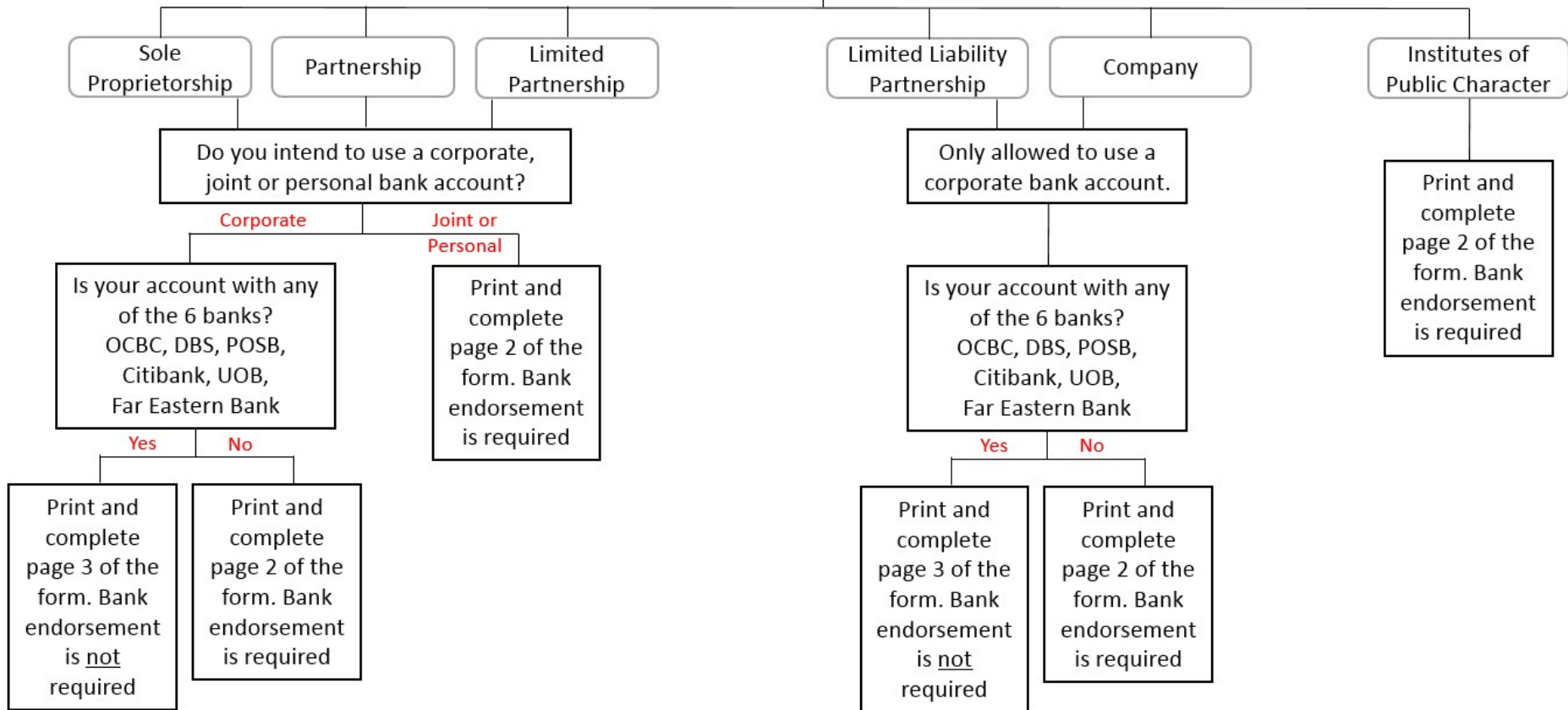


To assist you in filling up the Direct Credit Authorisation form,
kindly identify the type of business under which you have made the grant application



1. Please submit the **ORIGINAL** GIRO Form to **Enterprise Singapore, Finance Division, 1 Fusionopolis Walk, #01-02, South Tower, Singapore 138628**. Fax copy is NOT acceptable. Alterations made are to be endorsed by the authorised signatory.
2. If there are no changes to the account details, submission of the GIRO form is required only once.
3. No correction tape/fluid should be used on this form.
4. All fields are mandatory. Incomplete forms will not be processed.

PART 1 – TO BE COMPLETED BY APPLICANT

Name of Company/ Individual:		UEN No.: (For all UEN registered entities)	
Address:		Or	
		NRIC/ FIN (For Individuals)	
Telephone No.:		Or	
Fax No.:		Others (e.g. Foreign Passport No.)	
ICV Application No (if applicable):			
Email Address:			

Name(s) of Bank Account Holder(s):
(if different from above Name)

Bank Account No.:

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Account Type (Personal, Joint or Corporate):

Bank No.:

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Branch No:

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(a) I/We authorise Enterprise Singapore to credit payments due to me/us to the above bank account. Amounts credited shall constitute a valid and full discharge of obligations due to me/us.

(b) This authorisation shall continue to be in force until it is expressly revoked by me/us in writing delivered to Enterprise Singapore giving 30 days' notice in advance.

(c) I/We hereby request and authorise the Government and Statutory Boards 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 and Statutory Boards acceding to my/our said request and in consideration of 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 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.

Authorised Signature(s) & Name(s):
(as in bank records)

Date & Company Stamp:
(if applicable)

PART 2 – TO BE COMPLETED BY APPLICANT'S BANK

We hereby certify that the signature(s) and other particulars as stated in Part 1 agree with that contained in our files.

Name and Signature of Authorised Bank
Officer:

Date & Banks' Official Stamp

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(if different from above Name)

Bank Account No.:

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Account Type (Personal, Joint or Corporate):

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Authorised Signature(s) & Name(s):
(as in bank records)

Date & Company Stamp:
(if applicable)
