

SINGAPORE TOTALISATOR BOARD

210 Middle Road #06-01

Singapore 188994

Attn: Accountant

Ref.: _____

DIRECT CREDIT AUTHORISATION FORM*This form will take approximately 1 minute to complete if you have the bank details on hand.*

Please credit all monies due to us to our bank account given in Section I below.

SECTION I*[Any alterations must be countersigned by the same authorised signatory under this section.]*

Organisation Name: _____

Payee Name : _____
(Please leave it blank if your payee name is the same as your organisation name.)

Bank Code

Branch Code

Bank Account No

We certify that the bank account above is our organisation's approved bank account. We undertake to accept full responsibility for payment credited to the above bank account. Amounts so credited shall constitute valid discharge of obligations due to us. This authorisation shall continue to be in force until we have expressly revoked it by written notice delivered to you.

In the event of a change of bank account, we shall inform you in writing 30 days in advance of the change.

I/We consent to the Bank's disclosure of customer information relating to me/us as requested in this document.

Authorised Signature(s)

Organisation's Stamp

Authorised Signatory's
Name & Designation

Contact Person / Tel

Date

****COMPULSORY* – Please arrange for your bank to complete Section II of this form.*****SECTION II (BANK'S CONFIRMATION)***[Any alterations must be countersigned by the same authorised signatory under this section.]*

We confirm that the particulars given in Section I are correct and in accordance with the account number format for the Interbank GIRO participating banks.

Authorised Signature(s)

Bank's Stamp

Authorised Signatory's
Name & Contact no.

Date