

FORM FOR SUBMISSION OF FOREIGN VENDOR RECORD CREATION

Part 1 - Particulars of the Foreign Vendor (Individual/Company)

Purpose: Creation of Vendor Record

Full Name of the Foreign Vendor : _____
(according to the bank account)

Foreign Address: _____

Country: _____

City: _____

Fax Number: _____

Contact Number: _____

Email Address: _____

Date of Request: _____

Part 2 - Bank Account Details

Receiving Bank Account Number: _____

Receiving Bank Name: _____

Receiving Bank Address: _____

Receiving Bank Country: _____

Swift Code: _____

IBAN: _____

Sort Code: _____

BIC: _____

Routing No: _____

Branch No: _____

ABA No _____

ABN No: _____

BSB No: _____

Any Other Codes: _____

If there is a need for Corresponding (Corr.) Bank, please provide the below information.

Corr. Bank Account Number: _____

Corr. Bank Name: _____

Corr. Bank Address _____

Any Other Codes: _____

Signature of Foreign Vendor: _____
(To be signed off by Authorised Signature)