

DIRECT CREDIT AUTHORISATION FORM
(Only **COMPLETED** form with Bank's endorsement will be accepted.)

No correction tape/fluid should be used on this form. Any cancellations made must be endorsed by the authorised signatories signing this form.

Please email the form in pdf format to SSG_AP@ssg.gov.sg

Part I: To be completed by the Company/Individual

Please **TICK** one of the relevant boxes:

[For enquiries pertaining to **Training Grant**, please refer to www.skillsconnect.gov.sg or contact us via SSG Feedback Portal (<https://portal.ssg-wsg.gov.sg/feedback>); Hotline: +65 6785 5785]

I. <input type="checkbox"/> New Vendor <input type="checkbox"/> Update existing Vendor record	II. <input type="checkbox"/> Trade / Other Creditors <input type="checkbox"/> Skillsconnect / Training Grant
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Name(s) of Bank Account Holder(s):

Bank No.	Branch No.	Bank Account No. to be Credited

Bank and Branch Name	Swift Code

ACRA / UEN No. (for companies)	NRIC No. (for individuals)
Address	Others (e.g. FIN, Society No.)
	Tel. Number
	Fax. Number
GST Registered Yes / No	*Email

*Remittance Advice will be sent to this given email address

- (a) I/We hereby authorise SkillsFuture Singapore Agency 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 expressly revoked it by notice in writing delivered to you 30 days in advance before the change. SkillsFuture Singapore Agency may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.
- (c) In the event of a change in bank account number, I/we shall inform you in writing 30 days in advance before the change.
- (d) I/We hereby request and authorise the SkillsFuture Singapore Agency to obtain confirmation or 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.
- (e) In consideration of the SkillsFuture Singapore Agency acceding to my/our said request and in consideration of the Bank confirming or 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.

To: (Name of Applicant's Bank)

I/We hereby authorise the Bank, including any officer thereof, to disclose all information related to me/us as requested in this document.

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

Date

Part II: For bank's endorsement

To: SKILLSFUTURE SINGAPORE AGENCY

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

Name & Signature of Authorised Bank Officer

Bank's Official Stamp

Date

Part III: For Official Use Only

Your GIRO form has been rejected due to:

- No or invalid verification by Bank, kindly submit to your Bank for verification.
- No Alterations/cancellations are allowed on the form, kindly complete a new form.
- Other Reason: _____

(Note: SkillsFuture Singapore Agency reserves the right to reject any GIRO form that is deemed to be unacceptable.)