

DECLARATION OF GOVERNMENT EQUITY PARTICIPATION

I hereby certify that as of this date, the equity participation of the Singapore Government and Statutory Boards of the Government either directly or indirectly through a holding or subsidiary company, constitutes 0 % of the total shareholder's equity in:

WATERS PACIFIC PTE LTD

(NAME OF COMPANY)

**1 SCIENCE PARK ROAD, #02-01, THE CAPRICORN, SINGAPORE SCIENCE
PARK II, SINGAPORE 117528**

of _____
(ADDRESS)

Dated this 27 day of OCTOBER 20 16

Joanna

JOANNA ANG

ACCOUNT MANAGER

SIGNATURE

NAME

DESIGNATION

FORM BNAME OF COMPANY : WATERS PACIFIC PTE LTDADDRESS : 1 SCIENCE PARK ROAD, #02-01, THE
CAPRICORN,
SINGAPORE SCIENCE PARK II, SINGAPORE
117528REGISTRY OF COMPANIES/BUSINESS NO : 200512450HGST REGISTRATION NO : 200512450HFOREIGN/LOCAL COMPANY* : LOCAL**LIST OF DIRECTORS/PARTNERS**

NAME	IDENTITY CARD/PASSPORT NO.
Mark Tyrell Beaudoin	444235955
Yvonne Deborah Talon	G6237043U

* Local – For firm whose local equity participation is at least 25%
Foreign – For firm whose local equity participation is less than 25%.

DECLARATION OF GOODS AND SERVICES TAX (GST) STATUS

WATERS PACIFIC PTE LTD

I hereby declare that _____ of
(Name of Company)

**1 SCIENCE PARK ROAD, #02-01, THE CAPRICORN, SINGAPORE SCIENCE PARK II, SINGAPORE
117528**

(Address of Company)

*is/will be/is not a taxable person under the Goods and Services Tax (GST) Act. The

200512450H

GST Registration number of the company is _____.

Dated this **27** day of **OCTOBER** **16** 20 _____

Name : **JOANNA ANG** _____

Designation : **ACCOUNT MANAGER** _____

Signature :  _____

* Please delete accordingly.



VENDOR APPLICATION FORM FOR INTERBANK GIRO

This form may take you 5 minutes to fill in. (excluding time taken to get bank's endorsement)

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

- The bank account number
- The bank and branch code

You will need to obtain endorsement from the bank for Part III of the form

Please fill up this form so that all future payments from **Agri-Food and Veterinary Authority (AVA)** will be credited to your bank account.

Please complete Part II, get your bank to fill in Part III and return the ENTIRE original form (fax copy not acceptable) to
Director/Finance Department, AVA, 52 Jurong Gateway Road, #14-01, Singapore 608550

PART 1: TO BE COMPLETED BY REQUESTING AUTHORITY

Contact Officer Mdm Quah Geok Lian

Contact Number 6805 2665

Vendor Number :									

Fax Number 6334 1831

PART II : TO BE COMPLETED BY SUPPLIER/ CONTRACTOR WHO SUPPLIES GOODS AND SERVICES TO AVA (fill in the spaces indicated with ■)

To Director/Finance Department, AVA

■ Vendor Name

■ Telephone Number

■ Address

■ Fax Number

■ Bank Account to be credited

■ Email Address (if any)

Bank	Branch	Account No.

(a) I/ We hereby authorise Agri-Food and Veterinary Authority 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.

To

■ Name of Vendor's Bank

I/ We hereby authorise you to complete Part III and submit the entire form to Agri-Food and Veterinary Authority without making reference to me/ us.

■ Date

■ Authorised signature (s) and stamp as in bank's record

PART III : TO BE COMPLETED BY BANK

To Director/Finance Department, AVA

We hereby certify that the signature (s)/ other particulars as stated in Part II, agree with those in our files.

Name and signature of authorised bank officer

Date/ Official stamp