



AUTHORISATION FORM

☐ **GIRO (SGD Acct only)** ☐ **Telegraphic Transfer** ☐ **Cashier Order (Internal Use)**

PART I: To be completed by Supplier

I/We hereby authorize Aventis Pharma Manufacturing Pte Ltd to credit payments due to me/us to the below Bank account. This authorization shall continue to be in force until I/we have expressly revoke it by notice in writing and subject to I/we will giving you 2 weeks prior written notice and re-execute a credit authorization with the new account number.

Supplier's Name : WATERS PACIFIC PTE. LTD

Address : 8 MARINA BOULEVARD #05-02 MARINA BAY FINANCIAL CENTRE SINGAPORE 018981

Email Address : JOANNA_ANG@WATERS.COM Fax No: 68730733

Name, Designation and Finance contact person

JOANNA ANG, ACCOUNTMANAGER TAY KAI LUN, FINANCE & ADMIN MANAGER

Email Address: KAILUN_TAY@WATERS.COM Contact No.: 65937132

Bank Details:

Bank Name	THE HONGKONG SHANGHAI BANKING CORPORATION LIMITED	*Branch Name	COLLYER QUAY BRANCH
Bank Address	21 COLLYER QUAY, HSBC BUILDING LEVEL 1, SINGAPORE 049320		
Bank Code		Branch Code	7232/260
Bank Country	SINGAPORE	Bank Account Currency	USD
Bank Account Holder Name	WATERS PACIFIC PTE.LTD	Bank Account Number	260-458401-178
Swift code		IBAN (Applicable to European Vendor)	



Authorised Signature (As in Bank's records)

Company's Stamp

PART II: To be completed by Supplier's Bank

We certify that the signature(s) affixed at Part I above is/are consistent with our records, and that the particulars of the account are correct.:

Name of Bank & Official Stamp

Authorised Name and Date



PART III: To be completed by Procurement

Date of vendor creation in SAP : _____

Vendor Code : _____

Purchaser's Name : _____

PART IV: To be completed by Finance

Form received date : _____

Bank Account updated into system by : _____

Date updated into system : _____