



SUPPLIER E-PAYMENT FORM

Name of Supplier: (as it appears on your Bank Account)	
Address of Supplier:	
Suppliers' TRN/GCT Number:	
Email Address:	
Telephone Contact Number:	

Your Banking Information (applicable for JAD Currency)

Name of Bank: (Commercial Banks only)	
Name of Branch:	
Bank's Address:	
Bank SWIFT Code:	
Bank Account Number:	
Bank Account Type: (Savings or Checking)	

Please ensure the above information is Correct!

Affix your signature and the company Stamp below

Name & Title: _____

Signature: _____ Date: _____