

AUTHORITY FOR PAYMENT TO A BANK

I II III

Please complete sections I, II and III of this form in Chinese or English

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(This form will not be accepted if it contains any erasure or amendment)

<p>I</p> <p>See Notes Overleaf - For Payee's Use</p>	<p>To :</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center" colspan="2">FOR DEPARTMENT USE ONLY</td> </tr> <tr> <td style="width:5%; vertical-align: top;">IV</td> <td style="text-align: center;"> <p>Supplier No.</p> <div style="border: 1px solid black; height: 30px; width: 80%; margin: 0 auto;"></div> </td> </tr> </table>	FOR DEPARTMENT USE ONLY		IV	<p>Supplier No.</p> <div style="border: 1px solid black; height: 30px; width: 80%; margin: 0 auto;"></div>
FOR DEPARTMENT USE ONLY						
IV	<p>Supplier No.</p> <div style="border: 1px solid black; height: 30px; width: 80%; margin: 0 auto;"></div>					

See Note 1 Overleaf

All sums due to me/us should be paid into my/our bank account with the

Bank 	Branch
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See Note 2 Overleaf

This Authority applies to payments to me/us in respect of the following transaction(s) only :-

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II

The particulars necessary to effect payment to me/us are given in Section II below

II

(80 40)

Payee's Name : For individual - Surname first (Maximum 80 characters for English or 40 words for Chinese)

(120 60)

Address (Maximum 120 characters for English or 60 words for Chinese)

Bank Account

Bank Code 	Branch Code 	Account No.
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Name of Bank Account in English (for payee's name completed in Chinese above)

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I/We elect to receive the Remittance Advice by fax or by e-mail (please choose one method only). My/Our fax number or e-mail address is:

Fax No. 	e-mail address
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III

I/We hereby agree that

- The Bank's acknowledgment to the Government will be sufficient discharge in lieu of acknowledgment by me/us.
- My/Our payment instructions on this form do not bind the Government in regard to the manner in which payment may be made.
- Where, for any reason, insufficient details are furnished to the Bank to determine the account to be credited and the sum is held in suspense pending receipt of further information, the Government will not be responsible for any loss or inconvenience suffered by me/us as a result of the bank account not being credited at the normal time.

<p align="center"><u>For individual</u></p> <p>Signature</p> <p>()</p> <p>Name in block letters</p> <p>H.K.I.C./Passport No.</p> <p>Telephone No. Date</p>	<p align="center"><u>For company/organization</u></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Official Stamp Authorized signature For and on behalf of the company/organization </div> <p>()</p> <p>Name in block letters</p> <p>Position</p> <p>Telephone No. Date</p>
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- 1.
 - 2.
 - 3.
 - 4.

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- 1
 - 2.
 - 3.
 - 4.
 - 5.
 6. ()

7. 7 2908 2829 4894

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NOTES

Personal Information Collection Statement

1. The information provided by you will be used for purposes of effecting payments to you by the Government.
2. The Government may give some or all of the information to other parties authorized by law to receive it.
3. Subject to exemptions under the Personal Data (Privacy) Ordinance, you have a right of access and correction with respect to personal data.
4. Request for personal data access and correction should be addressed to the relevant Government departments with which you have dealings.

For Payee's Use (Sections I, II and III)

1. For companies/organizations, this form must be accompanied by a covering letter on the official letterhead of the company/organization and signed by an authorized signatory of the company/organization.
2. If it is desired to restrict this Authority to payments in respect of certain transactions only, please specify those transactions.
3. Do not use one space for more than one letter or one digit. Where a complete word cannot be entered at the end of a row because of insufficient space, the whole word should be entered in the next row.
4. The bank account should have the same name as the payee's name. If you do not know the bank code of your bank account, please contact your banker.
5. Where payment is to be made into a joint account, the full name of the joint account in English must be stated and the payee's name should form part of the name of the joint account.
6. Please enter your fax number or e-mail address if you wish to receive the Remittance Advice by fax or by e-mail (choose one method only). Otherwise, the Remittance Advice will be sent by post. Remittance Advice which cannot be successfully sent by fax or by email will be sent by post.
7. Please send the completed form to the bureau or department to which you normally issue your invoices; or Director of Accounting Services (Attn.: Payments Processing Section) at Room 2908 Immigration Tower, 7 Gloucester Road, Wan Chai, Hong Kong. For enquiries, please call 2829 4894.

For Department Use

Section I

Before passing the form to the payee for completion, enter in the box beside the word 'To' the name AND address of the department, or office to which the payee should return the completed form. If there is a change in the bank account details of the payee, a new form must be completed.

Section IV

To be completed after the supplier record has been updated in the Government Financial Management Information System.