



DIRECT CREDIT AUTHORISATION FORM

(Only Originals Will Be Accepted)

The Direct Credit Authorisation (DCA) Form is for an organisation/individual to request for payments from the Government of Singapore by direct credit into a designated bank account. The same form can be used for new *creation or amendment*.

You will need the following information to complete the form:

- Registration Number (i.e. ACRA/UEN No., or NRIC/FIN No.)
 - Bank Account Details
-

- 1) To allow us to process the form promptly, please note the following:
 - a. You are required to complete **Part II** of this DCA Form with your **entity's registered particulars** if you are either;
 - i. An organisation registered with ACRA/UEN, OR;
 - ii. A Singapore Citizen/Permanent Resident,
 - b. You are required to get your Bank to complete **Part III** of this DCA Form if;
 - i. You are a sole proprietor **and** your bank account was opened in your name; or
 - ii. Your bank account is a joint account; or
 - iii. Your bank account was **not opened** with DBS, POSB, UOB, OCBC, Far Eastern Bank or CitiBank; or
 - iv. Your organisation was **not** registered with ACRA/UEN
- 2) For individual freelancers, please indicate below if you still have NS Liability and the service that you are providing.

NS Liability: Yes / No

Service Provided: _____

- 3) Please mail or despatch by hand, the **original copy** of the completed DCA Form along with **supporting documents** indicative of your bank's details and **SWIFT code (if any)** to the following address:

*The Data Administrators
Financial Services Centre
5, Depot Road
#15-01, DTT B
Singapore 109681*

- 4) You may update your organisation/personal contact information, e.g. contact number, fax number or email address via the Vendors@Gov portal at <http://www.vendor.gov.sg>.

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

Please complete Part II, obtain your bank's endorsement for Part III and mail the original form (fax copy not acceptable) to the **Ministry/Department/Statutory Board that you are liaising with.**

Please note:

- (i) If you are receiving payment as an individual, fill in your name as stated in your NRIC/FIN
- (ii) If you are receiving payment as a Singapore registered company/business/society, fill in your organisation's name as registered with ACRA/UEN. You may check your registered name on www.uen.gov.sg.
- (iii) Leave Part III blank if you are an ACRA-registered organisation/Singapore Citizen/Permanent Resident **AND** you hold a bank account with DBS/POSB/OCBC/UOB/Far Eastern Bank (FEB)/Citibank.

PART I - TO BE COMPLETED BY THE REQUESTING MINISTRY/DEPARTMENT/STATUTORY BOARD

Name of Ministry/Department/Statutory Board	Vendor ID
Contact Officer	Please tick one of the relevant boxes: <input type="checkbox"/> New vendor record <input type="checkbox"/> Update of existing vendor record
Contact Number	
Fax Number	

PART II - TO BE COMPLETED BY ENTITY RECEIVING PAYMENT FROM THE GOVERNMENT/STATUTORY BOARD

All fields are mandatory. Incomplete forms will not be processed.

To: ACCOUNTANT-GENERAL

UEN Number (for all UEN registered entities)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
OR																				
NRIC / FIN (for individuals)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
OR																				
Others (e.g. Foreign Passport Number)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
GST Registered	Yes / No																			
GST Registration Number																				

Address	
Telephone Number	
Fax Number	
Email Address*	

*It is mandatory to provide the email address. Payment notification will be sent to this email address

Name(s) of Bank Account Holder(s) as shown in Bank Records:

Bank Number	Branch Number	Bank Account Number to be Credited																											
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Bank and Branch Name

- (a) I/We hereby authorise the Government and Statutory Boards 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.
- (c) I/We hereby request and authorise the Government and Statutory Boards to obtain confirmation/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.
- (d) In consideration of the Government and Statutory Boards acceding to my/our said request and in consideration of the Bank confirming/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.
- (e) I hereby consent to the release of my updated address by the Immigration and Checkpoints Authority (ICA) to the Accountant-General's Department for the purpose of sending the Remittance Advice to me.

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

Date

PART III - TO BE COMPLETED BY THE BANK

To: ACCOUNTANT-GENERAL

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

Name & Signature of Authorised Bank Officer

Date & Bank's Official Stamp