



بروني دارالسلام سنترال بڠكا
BRUNEI DARUSSALAM CENTRAL BANK

VENDOR FORM FOR E-PAYMENT

Please fill in the information below completely and accurately. Do not leave blank spaces, mark as "N/A" fields that are not applicable. Please be informed that payment will be credited directly into your nominated bank account.

Request Type:	<input type="checkbox"/> Creation of New Vendor Compulsory documents for new vendor; (a) Business Registration (b) Business license (c) NRIC or passport whichever is applicable. (d) Vendor's bank statement ; or (e) Bank saving book showing the account name and number, or (f) Details of the vendor's bank account obtained from the bank's website ; or (g) Written confirmation from the bank verifying the bank account details.	<input type="checkbox"/> Update of an existing vendor Compulsory documents for update; (a) New vendor's bank statement ; or (b) Bank saving book showing the account name and number, or (c) Details of the vendor's bank account obtained from the bank's website ; or (d) Written confirmation from the bank verifying the bank account details.
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Part 1. Vendor's (payee) details

Name of Company/Payee:		
Address:		
Billing Address:		
Postal Code:	City:	Country:
Company Registration / NRIC Number:		
Contact Person:		
Designation:	Email:	
Telephone Number:	Fax Number:	

Part 2. Vendor's Banking Details.

Account Name:	
Beneficiary Address: (If different from above)	
Bank Account Number:	Bank No/Code:
Name of Bank:	
Name of Bank Branch:	Branch No/Code:
Bank Address:	
Type of Account:	Currency:

Please fill in applicable field:

Bank Swift Code:	Bank IBAN:
ABA No.:	Sort Code:
Correspondence/Intermediary Bank:	
Bank Account Number:	
Bank Swift Code:	ABA No.:

Part 3. Vendor's declaration.

I/We hereby declare that all information provided herein is true and complete. I/We understand that Brunei Darussalam Central Bank (BDCB) shall rely on the said information and accordingly, I/We shall indemnify the BDCB for any losses, damages or claims that it may suffer or incur as a consequence of relying thereon.

Signature of Authorised Person:	Company Stamp/Chop
Name of Authorised Person:	
	Date:

Part 4. For BDCB use only

Vendor No.:	Signature of preparer/date:
Signature of verifier/date:	Signature of approver/date: