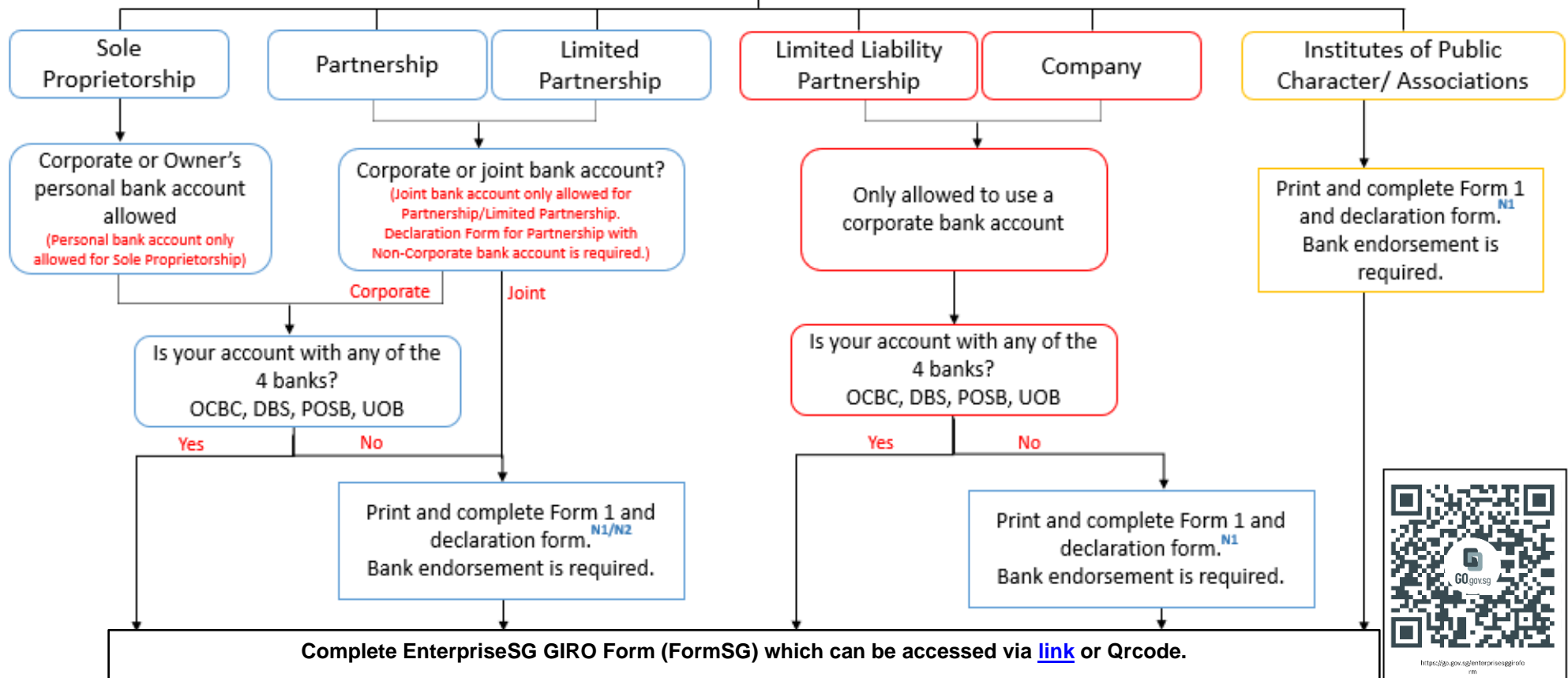


Kindly identify the type of business under which you have made the grant application



Bank endorsed GIRO form required: Joint bank accounts, Institutes of Public Character/Associations, Corporate/Personal bank accounts not under the 4 banks indicated

N1: Declaration form required: Institutes of Public Character/ Associations, Corporate/Personal bank accounts not under the 4 banks indicated

N2: Declaration form (Joint Account) required: Partnership and Limited Partnership with Non-Corporate bank account

*Please refer to this [Link](#) for the GIRO Application Guide

1. Please complete the below form and upload the scanned copy of the GIRO Form in FormSG which can be accessed via link go.gov.sg/enterprisesggiroform or QRcode. Alterations made are to be endorsed by the authorised signatory.
2. If there are no changes to the account details, submission of the GIRO form is required only once.
3. No correction tape/fluid should be used on this form.
4. All fields are mandatory. Incomplete forms will not be processed.

**PART 1 – TO BE COMPLETED BY APPLICANT**

Name of Company/ Individual:		UEN No.: (For all UEN registered entities)	
Address:		Or	
		NRIC/ FIN (For Individuals)	
Telephone No.:		Or	
Email Address:		Others (e.g. Foreign Passport No.)	
Grant Application No. (if applicable):			
Grant Scheme (if applicable):			

Name(s) of Bank Account Holder(s):
(if different from above Name)

Bank Account No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Type (Personal, Joint or Corporate):

Bank No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch No:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(a) I/We authorise Enterprise Singapore to credit payments due to me/us to the above bank account. Amounts credited shall constitute a valid and full discharge of obligations due to me/us.

(b) This authorisation shall continue to be in force until it is expressly revoked by me/us in writing delivered to Enterprise Singapore giving 30 days' notice in advance.

(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 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.

Authorised Signature(s) & Name(s):
(as in bank records)Date & Company Stamp:
(if applicable)**PART 2 – TO BE COMPLETED BY APPLICANT'S BANK**

We hereby certify that the signature(s) and other particulars as stated in Part 1 agree with that contained in our files.

Name and Signature of Authorised Bank Officer:

Date & Banks' Official Stamp

CONFIDENTIAL

Declaration Form for Disbursement into Corporate/Personal Bank Account

I/We*, _____/ _____ & _____/
 _____, Owners/Partners* of (Name of Business Entity & UEN No.)
 _____ & UEN No. _____ with registered address at
 _____ hereby declare that the reimbursement of grants to be received from
 Enterprise Singapore, into (Name of Bank) & (Account Number) _____ & A/C
 No. _____, the corporate account/personal account* belonging to (Name of
 Business Entity or Individual/UEN or NRIC) _____/
 _____ intended for the purpose of grant applications.

I/We* declare that I/We* are authorised to submit this form on behalf of the abovementioned commercial entity.

I/We* acknowledge that Enterprise Singapore will not be party to or involved in any dispute that may arise in relation to the grant disbursement into the aforesaid bank account.

I/We* declare that the facts stated in this declaration form and the accompanying information are true and correct to the best of my/our* knowledge.

I/We* have not withheld or distorted any material facts.

**Delete where appropriate*

_____	_____
Name & NRIC of Owner/Authorised Personnel	Signature
_____	_____
Name & NRIC of Owner/Authorised Personnel	Signature
_____	_____
Name & NRIC of Owner/Authorised Personnel	Signature

CONFIDENTIAL

Declaration Form for Disbursement into Non-Corporate Bank Account

I/We*, (Name/NRIC) _____, Owners/Partners* of (Name of Business Entity & UEN No.) _____ with registered address at _____ hereby declare that the reimbursement of S\$ _____ to be received from Enterprise Singapore, into (Name of Bank) & (Account Number) _____, the joint account/personal account* belonging to (Name/NRIC) _____ and (Name/NRIC) _____ intended for the purpose of grant application reference number _____.

I/We* declare that I/We* are authorised to submit this form on behalf of the abovementioned commercial entity. I/We* acknowledge that Enterprise Singapore will not be party to or involved in any dispute that may arise amongst the partners in relation to the grant disbursement into the aforesaid bank account.

I/We* declare that the facts stated in this declaration form and the accompanying information are true and correct to the best of my/our* knowledge.

I/We* have not withheld or distorted any material facts.

*Delete where appropriate

_____ Name & NRIC of Partner	_____ Signature
_____ Name & NRIC of Partner	_____ Signature
_____ Name & NRIC of Partner	_____ Signature
_____ Name & NRIC of Partner	_____ Signature