

Part l				
Name of Payee				
Address of Payee				
Postcode of Payee				
Contractor Name (if different from Name example Joint Venture)	n Payee			
Business Name				
Bank Name				
Bank Branch Address 1				
Bank Branch Address 2				
Bank Account Number				
IBAN Code				
Swift Code				
Currency Denomination		MUR Others		(to state)
National Identity Card Number*	*			
Contact Person				
E-Mail Address -1 (preferably group e-mail) (For Remittance Advice purpose)				
E-Mail Address - 2 (For Remittance Advice purpose)				
Telephone Number		OFFICE :	MOBIL	E:
Fax Number				
VAT Registration Number**				
Tax Account Number (TAN)**				
Business Registration Number (E	BRN)**			
It is understood that the Central delay in payment of my/our* clai 1. I/We* have wrongly specified m 2. I/We* have closed, transferred, 3. For any other reasons beyond C (delete as appropriate) ** Copy of documents to be submitted of Note: All fields should be filled in and p Name: Chief Executive Officer or	im(s) if: ny/our* bank of the changed myn WA's control along with E- please indica	account number; /our* bank account wi (e.g breakdown of the Payment Application te 'N/A' where not ap Signat Date:.	thout notifying the Central Wo electronic transfer system). Form	nter Authority in writing and
Part II FOR OFFICIAL USE:				
		thorised by:	Input by:	Remarks
Date			Date:	
form engyment		The state of the s		Undated Aug 2016