

PSMB/e/disbursement/10

**E-DISBURSEMENT
REGISTRATION FORM**

This form must be
re-submitted if there is any
change in bank account
number

1. Name of Employer/Training Provider : _____
2. Company Registration No:

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3. Training Provider Registration No:

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If applicable
4. Name of Bank: _____
5. Branch: _____
6. Company's Name As Per Bank Account/Statement: _____
7. Bank Account No:

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8. Name of officer in charge: _____ Tel: _____
9. E-mail address (*for payment notification*)
 - a) Human Resources Division: _____
 - b) Finance Division: _____

I hereby authorised PSMB to directly credit into my bank account training grants that is payable to me and will abide to the terms and conditions under the e-disbursement system. I also certify that the information provided in this form is correct and true, and I will inform PSMB of any changes.

NAME: _____ SIGNATURE: _____

DESIGNATION/COMPANY STAMP : _____ DATE : _____

BANK CONFIRMATION

I have verified the information stated above and to the best of my knowledge, the information provided is true and correct.

Name of Bank Officer : _____ Signature : _____

Designation : _____

Date : _____

Bank Stamp

**REMINDER : PLEASE ATTACH A COPY OF THE LATEST BANK STATEMENT WITH THIS
FORM**