EFT/E/002

Employee EFT Payment Details Form

(Please refer to Pg 2 for instructions)

Vote: ☐☐☐ **Serial No:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Vote Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Tick as appropriate: New: ☐ Change: ☐ Inactive ☐

A-Employee information (To be filled by Employee)
Supplier Name/Employee Surname (as denoted in Banks) ……..
Maiden name: …….. Other Names: …….

Employee Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Tin ☐☐☐☐☐☐☐☐☐ Applicable Withholding Tax rate ☐☐☐
(Mandatory) **(6% or 15%)**

Tel/Mobile: …….. **Email:** ……..

Principle Address:

…….
…….
…….

B-Bank Information:

Bank Name: …… Branch Name: ……

Bank Account: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Currency: ☐

Foreign Accounts:
SWIFT Code/SORT Code AND IBAN Number (EU) ☐☐☐☐☐☐☐☐☐☐
Routing Number (USA) ☐☐☐☐☐☐☐☐☐☐

C-Employee Signature
Name …….. Title: ……..
Signature …….. Date: ……..

D-Verified by Human Resource Department
Name …….. Title: ……..
Signature …….. Date: ……..

E-Confirmed by Accounting Officer
Name …….. Title: ……..
Signature …….. Date: ……..

F-Entered on the System by: Supplier# ☐☐☐☐☐
Name …….. Title: ……..
Signature …….. Date: ……..