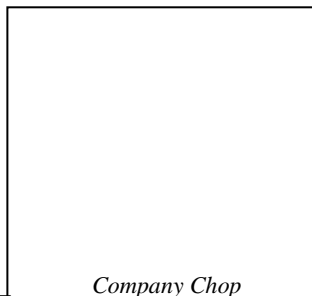


APPLICATION FOR FINANCIAL SELF SERVICES ACCOUNT

Applicant's Particulars

Company Name:	
Contact Person:	
Position:	
Contact Number:	
Email Address: (Max. 3 addresses)	

On behalf of the company, I agree to use “Financial Self Services – eInvoice” (FSS) to submit the up-coming invoices with immediate effect. For security purpose, I will not upload or transmit any computer viruses, interrupt or disrupt the normal operating procedures of FSS. I agree to provide the email address to get the one-time password and will not disclose it to any irrelevant parties.



Company Chop

Applicant's Signature

Date

Note: Please send your completed application form to our address with attention to “Finance – Accounts Payable”