

APPLICATION FOR FINANCIAL SELF SERVICES ACCOUNT

Applicant's Particulars

Company Name: _____

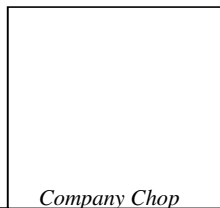
Contact Person: _____

Position: _____

Contact Number: _____

Email Address: _____

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 & Admin. – Accounts Payable”