

**MAJLIS PERBANDARAN SIBU**

Tingkat 19 – 24
Wisma Sanyan
No 1 Jalan Sanyan
Peti Surat 557
96000 SIBU
SARAWAK

Telefon Am : 084-333411
Pengerusi : 084-332664
Setiausaha : 084-332423
Faks : 084-320240
Emel : smc@smc.gov.my
Laman Web : https://smc.gov.my

Bank Account Information Form

Full implementation for online EFT (Electronic Fund Transfer) payment without using cheque payment.

A		SUPPLIER/CUSTOMER DATA	
1	Supplier/Customer Name (Individual/Company/Committee/Club, and other relevant entities)		
2	Address:		
3	Phone Number:	Office:	
		H/P:	
4	Fax Number:		
5	Email: (Payment notifications will only be sent via email)		
B.		BANK ACCOUNT INFORMATION	
1	Name on Bank Account (The name registered with the bank, as stated in the Bank Statement/ Bank Book)		
2	Identification Card Number / Business Registration Number and other relevant IDs registered with the bank (Identification reference used for bank accounts)		
3	Bank Name (Specify which bank your account belongs to)		
4	Account Type (Select the applicable option)		Conventional Islamic
5	Account Number (Number only without any symbols like "-")		
CERTIFICATION			
I hereby acknowledge that all information provided is true, and if any incorrect data is provided that results in payment to the wrong account, not owned by me, I will not hold the Council responsible.			
Supplier/Customer Signature		Company Stamp	
Name: _____		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
Position: _____			
Date: _____			
Warning:			
1	The Supplier/Customer is required to provide a copy of their identification card (individual) / Business Registration, Certificates, and other related requirements.		
2	The Supplier/Customer is required to provide a copy of their bank book (individual) / bank statement.		
3	Notify us of any changes to your bank account, and provide supporting documents such as items 1 & 2.		
(If the listed documents are not provided, the Council will only rely on the data provided by you.)			