### **New Account Application Form for TradeNet®**

1. **Please type in the required information (Do not hand-write).**
2. **Print as PDF and email the signed form to** [**customeradmin@crimsonlogic.com.sg**](mailto:customeradmin@crimsonlogic.com.sg)**.**
3. **To protect the personal data, please encrypt the file and send the password to us in a separate email.**

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| **SECTION 1: INFORMATION ON COMPANY AND AUTHORISED PERSONNEL** |

|  |  |
| --- | --- |
| Company Name\* |  |
| Company Address\* |  |
| UEN (Unique Entity Number) \* |  |

|  |  |  |
| --- | --- | --- |
| **Particulars/Role** | **Contact Person**  *(The point of contact for CrimsonLogic)* | **Decision Maker**  *Key Personnel (e.g. owner, partner or director of the company.)* |
| Name\* |  |  |
| Contact number\* |  |  |
| Designation\* |  |  |
| Email Address\* |  |  |

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| **SECTION 2: USERS INFORMATION** |

|  |  |  |
| --- | --- | --- |
|  | **ADMINISTRATOR#** | **User 1** |
| Name\* |  |  |
| ##NRIC / FIN / Passport No. **\*** |  |  |
| Contact number**\*** |  |  |
| Designation**\*** |  |  |
| Email Address**\*** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **User 2** | **User 3** |
| Name\* |  |  |
| ##NRIC / FIN / Passport No. **\*** |  |  |
| Contact number**\*** |  |  |
| Designation**\*** |  |  |
| Email Address**\*** |  |  |

Note:

* #The administrator allows to view the company billing information and manage the account/users on behalf of the company.
* ##The personal ID (NRIC / FIN / Passport No.) must match with the ID registered in [www.corppass.gov.sg](http://www.corppass.gov.sg).

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| **SECTION 3: PAYMENT INFORMATION** |

Inter-bank GIRO is the default payment mode, please tick the below:

|  |  |
| --- | --- |
|  | Inter-Bank GIRO (Processing time 3-4 weeks)   * Please complete the attached Application form for Inter-Bank GIRO and mail or courier to   Customer Admin  CrimsonLogic Pte Ltd  31 Science Park Road  Singapore 117611 |
|  | For existing CrimsonLogic subscriber.   * To deduct from your existing bank account, please provide your existing Account ID: |
|  | Minimum Deposit or Advance Payment SGD 1,000 for monthly deduction.   * CrimsonLogic will process the application within 3 working days once payment is received. * Please send us the Inter-Bank GIRO form for processing. Once GIRO is approved, we will refund the remaining deposit amount. |

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| **SECTION 4: AUTHORISATION** |

I/We understand that the Application Form for CrimsonLogic Services is subjected to acceptance by CrimsonLogic.

I/We have read and agree to be bound by the Terms and Conditions set out in the [CrimsonLogic General Terms and Conditions](https://www.tradenet.gov.sg/oratxweb/pfk/PfkMainServlet?pAction=FIRST&pStd=YES&pPortalId=ORATX&pContents=ora/HomeServlet?pTarget=registration).

I/We agree that CrimsonLogic may at its sole discretion amend the Terms and Conditions as and when necessary and such amendments shall be effective upon my/our receipt of the notification thereof.

I /We certify that the above information given are correct and true and I agree to pay for all charges/fees for usage of this application.

\* To be signed by the Key Personnel (e.g. owner, partner or director of the company).

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Company Stamp | |
| Designation |  |
| NRIC / FIN / Passport No. |  |  | |
| Signature |  | Date (dd/mm/yyyy) |  |

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| **SECTION 5: FOR OFFICIAL USE ONLY** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Action By (Name, Signature, Date):   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | NCMS |  | ANA |  | NBS |  | TNBE |  | |  |  |  |  |  |  |  |  |  |  |  |

**GIRO APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| **Please mail or courier completed form to:**  Customer Admin  CrimsonLogic Pte Ltd  31 Science Park Road  Singapore 117611 |  | \* Mandatory field |

**PART 1: FOR APPLICANT’S COMPLETION**

|  |  |  |
| --- | --- | --- |
| 1. Date (dd/mm/yyyy) |  | 1. Name of Billing Organisation (“BO”) |
|  |  | CrimsonLogic Pte Ltd |
| 1. To: My/Our Bank (“Bank”) **\***   (Name, Branch & Address) |  | 1. Billing Organisation’s Customer Name   (Customer Name registered with BO - CrimsonLogic) |
|  |  |  |

1. I/We hereby instruct the Bank to process the BO’s instructions to debit my/our account.
2. The Bank is entitled to reject the BO’s debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
3. This authorisation will remain in force until
   1. the Bank’s written notice sent to my/our address last known to the Bank;
   2. upon the Bank’s receipt of my/our written revocation; or
   3. upon the Bank’s receipt of the notice of expiry from the BO.

|  |  |  |
| --- | --- | --- |
| 1. My/Our Name (as in Bank’s record) **\*** |  | 1. My/Our Contact (Tel & Email) **\*** |
|  |  |  |
| 1. My/Our Account Number **\*** |  | 1. My/Our Company Stamp/ Signature(s)/ Thumbprint(s)**\*** (as in Bank’s record) |
|  |  |  |
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|  |  |  |
|  |  |  |

**PART 2: FOR BILLING ORGANISATION’S COMPLETION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. BO Account | | |  |  |  |  |  |  |  |  |
| SWIFT BIC |  | Billing Organisation’s Account No |  | Billing Organisation’s Customer Ref No | | | | | | |
| DBSSSGSGXXX | | 012-005468-8 |  |  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Customer Account | | |  |  |
| SWIFT BIC |  | Account No. To Be Debited |  |  |
|  | |  |  |  |

**PART 3: FOR BANK’S COMPLETION**

To: BILLING ORGANISATION

This Application is hereby REJECTED (Please tick ✓) for the following reason (s):

|  |  |
| --- | --- |
| Signature/thumbprint# differs from Bank’s records | Wrong Account Number |
| Signature/thumbprint# incomplete/unclear# | Amendments not countersigned by customer |
| Account operated by signature/thumbprint# | Others: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Approving Officer |  | Authorised Signature |  | Date |

\* For thumbprints, please go to the branch with your identification.

# Please delete where inapplicable

**IMPORTANT NOTES**

* 1. Please type in the required information in Part 1 (1-7).
  2. Part 1 (8) **must be hand signed or ink signed** as in Bank’s record.
  3. Please **DO NOT** send photocopies of this form as the original signature / company stamp / thumbprint is required by the Bank for verification.
  4. All amendments must be countersigned, DO NOT use correction fluid.
  5. Please mail or courier completed form to:

Customer Admin

CrimsonLogic Pte Ltd

31 Science Park Road

Singapore 117611

* 1. Please provide the following information for contact and registration purposes:

|  |  |  |  |
| --- | --- | --- | --- |
| Unique Entity Number  (UEN) |  | Account ID  (If applicable) |  |
| Contact Person Name |  | Contact Number |  |
| Email Address |  | | |
| Subscribed Service | **TradeNet** | | |