Electronic Banking Transfer Information Form

Jakarta, October 2024

Our Respective vendor

Please fill in the Electronic Banking Transfer Information (EBTI) Form carefully. This form is very important for our Finance department to be able to make transfers properly and accurately. Filling in errors, particularly in the **Account Name, Bank Name, Account Number**, will cause payment delays and also have an impact on your Company. This form must be filled out so that it is clear and should be signed by the Finance Manager or CEO of the Company.

Here is the filling guide.

The column consists of 6 parts.

A. Account Holder Information

A.1 Full Name of Account Holder: ***(fill in accurately, in capital letters, spaces, punctuation, please pay attention carefully)***. **Please fill in the other lines completely and correctly**.

B. Bank Details

B1. Full Name of Bank: ***(fill in the name of the bank clearly, please complete the other lines in section B)***

C. US Account Details. Accounts: --

D. Accounts Details: NON US. ACCOUNT

D2 Account Number:
D3 SWIFT CODE:
D4 Currency of Bank Account:

E. Additional Information: --

F Payee Signature: ***(Please fill in this section according to your name, signature and date)***

Thank You.

Warm Regards,

Finance Manager Management Science Health Indonesia

Electronic Banking Transfer Information (EBTI) Form

The information provided on this form will be used by MSH Accounts Payable to make payment to the payee named below. If there are any changes made to the information provided below the payee must submit a new EBTI Form and a Vendor Add or Change Request form.

In order to be accepted this form must be filled out COMPLETELY & LEGIBLY and must be SIGNED by the vendor in section F.

A. Account Holder Information		
A1.	Full name of account holder: *(must match name of payee)*	
A2.	Street address:	
A3.	City:	
A4.	State:	
A5.	Country:	
A6.	ZIP or Postal Code:	
B. Bank Details		
B1.	Full name of bank:	
B2.	Street address:	
B3.	City:	
B4.	State:	
B5.	Country:	
B6.	Zip or Postal Code:	
B7.	Phone number:	
C. Account Details: U.S. ACCOUNT		
C1.	Account number:	
C2.	Routing number:	
D. Accounts Details: NON-US ACCOUNT		
D1.	IBAN: *(if available)*	
D2.	Account number:	
D3.	SWIFT code:	
D4.	Currency of bank account:	
E. Additional Information		
E1.	Additional information required for payment, if any: *(example - intermediary bank information)*	
F. Payee Signature		

By signing below I certify that to the best of my knowledge all information provided above is correct, and that I am authorized to provide this information on behalf of the payee named above

F1.	Full Name:	
F2.	Signature:	
E3.	Date: *(MM/DD/YYYY)*	