|  |  |
| --- | --- |
| Company Name |  |
| Location Address |  |
| Postal Address |  |
| Mobile Number/Landline Number |  |
| Fax Number |  |
| Email Address |  |
| Contact Person |  |
| Tax Identification Number (TIN)(Attach copy of TIN) |  |
| ***Automatic Payment Details*** | ***All payments will be directly paid to your nominated bank account with a remittance advice being forwarded to the nominated email address.*** |
| Bank Name & Branch |  |
| Account Number |  |
| Account Name |  |
| Declaration | I hereby confirm that the above bank details are correct and are indeed the aforesaid payee’s account. |
| Authorised Signature & Title |  |
| Name |  |
| Date |  |

Please forward this form via email to **payments.team@vodafone.com.fj** or fax on 3312007.