

**LETTER OF AUTHORISATION & INDEMNITY
FOR PAYMENT TO JOINT / THIRD PARTY SOLE / JOINT BANK ACCOUNT**

(This form may take you 5 minutes to complete. Please return the completed form to the Official Assignee's Office at the above address.)

IMPORTANT: It is an offence to make any false statement or to produce any false document for any purposes connected with this letter of authorisation and indemnity. Please sign against amendments made. Use of correction fluid/tape will render the letter of authorisation and indemnity void. An incomplete form will also delay the processing time.

THIS FORM IS FOR USE WHERE THE PAYMENT IS TO BE MADE INTO A BANK ACCOUNT THAT IS NOT IN THE PAYEE'S SOLE NAME

A. DETAILS OF PAYEE

Name of Payee:

NRIC / Passport No. / UEN of Payee:

B. AUTHORISATION OF PAYEE

1. I/We*, _____ of
(Name and NRIC / Passport No. / UEN)
_____ hereby instruct and authorise the Official Assignee of Singapore to
(Payee's Address)
pay the monies due to me/us* into the bank account no. _____ held with
_____, which is a:
(Name of Bank)

(Please select only 1 option):

- Personal bank account owned by a Third Party: _____ . (Complete 3a and 9b)
(Name of Sole Third Party bank account holder and NRIC / Passport No.)
- Joint bank account owned by Third Parties: i) _____ ; (Complete 3b and 9c)
(Name of Joint-Third Party bank account holder A and NRIC / Passport No.)
- ii) _____ . (Complete 3b and 9c)
(Name of Joint-Third Party bank account holder B and NRIC / Passport No.)

2. I understand and agree that the sum made by the Official Assignee of Singapore into the bank account elected by me for receipt of such payment as indicated above shall be a complete and final discharge of the Official Assignee's obligations to make such payment to me pursuant to the Bankruptcy Act and I, hereby, irrevocably and unequivocally indemnify the Official Assignee of Singapore and hold the Official Assignee harmless against all claims or demands arising from such payment.

C. AUTHORISATION OF JOINT / THIRD PARTY SOLE / JOINT BANK ACCOUNT HOLDER(S)

3. a) **Sole Bank Account Owned by Third Party**

I, _____ am the **Sole Third Party bank account holder** of bank
(Name of Sole Third Party bank account holder and NRIC/Passport No.)
account no. _____ held with _____ ;
(Name of Bank)

OR

b) **For Joint-Bank Account Owned by Third Parties***

We, _____ and _____ are
(Name of Joint Third Party bank account holder A and NRIC / Passport No.) (Name of Joint Third Party bank account holder B and NRIC / Passport No.)
the **joint account holders** of bank account no. _____ held with
_____.
(Name of Bank)

C. AUTHORISATION OF JOINT / THIRD PARTY SOLE / JOINT BANK ACCOUNT HOLDER(S) (CONTINUED)

4. I/We* state that I/we* have been informed that there is a sum of money due to the abovementioned Payee which will be paid into this bank account by the Official Assignee of Singapore. I/We* hereby consent to the Official Assignee of Singapore paying the sum of money due to the Payee into the above-stated bank account.
5. A copy of my/our* NRIC/Passport for the purpose of verifying my/our* identity is attached.
6. I/We* understand that the sum paid by the Official Assignee of Singapore into the bank account mentioned above is for the Payee's sole benefit and I/we* hereby, irrevocably and unequivocally indemnify the Official Assignee of Singapore and hold the Official Assignee harmless against all claims or demands arising from the Payee in relation to the payment.
7. I/We* confirm that I/we* do not lack mental capacity when making this document.
8. I/We* understand that it is my/our* responsibility to ensure that, if I/we* cannot read or understand English, I/we* have obtained such assistance as I/we* require, to interpret and enable me/us* to understand the contents of this document before I/we* sign it.

D. SIGNATURES

9. **This form must be signed by both the Payee and Sole / Joint Third Party bank account holder(s). All parties must be at least 21 years old and must not lack mental capacity.**

a) To be completed **by Payee:**

Name of Payee:	Signature / Thumbprint of Payee:
Date:	

b) To be completed **by Sole Third Party Bank Account Holder*:**

Name of Third Party Bank Account Holder:	Signature / Thumbprint of Bank Account Holder A:
Date:	

c) To be completed **by Joint-Third Party Bank Account Holder(s)*:**

Name of Joint-Third Party Bank Account Holder A:	Signature / Thumbprint of Joint-Bank Account Holder A:
Date:	

Name of Joint-Third Party Bank Account Holder B:	Signature / Thumbprint of Joint-Bank Account Holder B:
Date:	

**Please delete if not applicable*