

Please address all correspondence
To the Chief Executive Officer

In reply, please quote the file reference



File ref:

GOVERNMENT OF SAMOA MINISTRY OF FINANCE

EFT APPLICATION FORM

MINISTRY:

A. Please answer all questions where appropriate

Payee Name (*Use block letters*)

Postal Address

Email Address & Contact Number

Bank Account Details

Contact Person

Financial Institution Name (Bank)

Account Name

Account Number

B. MOF's (We or Us) EFT Conditions

1. We are under no obligation to accept this application or to verify the Financial Institution details.
2. Changes in the above suppliers' particulars are to be notified immediately to us to the shown address. These changes must be faxed or posted to us.
3. Payment will be deemed to have been made when we have instructed our bank to credit the suppliers' account.
4. We will not be responsible for any delays in payment or errors due to factors outside reasonable control of us.
5. We reserve the right at any time to terminate or suspend this EFT payment system and to pay by cheque or in any other manner, which we may determine from time to time.
6. The supplier agrees to repay to us on demand any payments credited to the supplier in error. We reserve the right to offset the amounts of any overpayments made in error against future debts or

liabilities owing by us to the supplier.

7. Payments can be made to ANZ, BSP, SCB, NBS accounts.
8. If a request is made to deposit into a bank account with more than one named account holder, a signature is required from each account holder.

C. Declaration of Payee

I/We hereby acknowledge and accept the conditions of the EFT as stated in this application.

Name

Signature(s)

Date

D. Please submit completed Form to:

Ministry of Finance,
Accounts Payable Unit
Level 2,
Central Bank Building
Apia

Or complete online at www.mof.gov.ws/forms and forward to email: payment_advice@mof.gov.ws or fax number: (685) 21312, 24779

Entered by _____	Date
Checked by _____	Date
Bank Account Verification	Yes / No
Action required	
Insert	Amend Delete
Client Number	