



ACH VENDOR PAYMENT ENROLLMENT FORM (Foreign)

This form is used for Automated Clearing House (ACH) payments with the National Gas Company of Trinidad and Tobago. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse side for additional instructions and signature input.

PRIVACY STATEMENT

This information will be used by the Treasury Department to transmit payment data, by electronic means to the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the ACH Payment System.

PAYEE/VENDOR INFORMATION *(Block Letters Only)*

<p>Company Name: <input style="width: 95%;" type="text"/></p> <p>Business or Operating Address: <input style="width: 95%;" type="text"/> <i>(street)</i></p> <p><input style="width: 95%;" type="text"/> <i>(city)</i></p> <p><input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <i>(country) (zip-code)</i></p> <p>Telephone Number: <input style="width: 20%;" type="text"/> Fax Number: <input style="width: 20%;" type="text"/></p>	<p>Taxpayer Identification Number: <input style="width: 95%;" type="text"/></p> <p>ID/DP Number: <input style="width: 95%;" type="text"/></p> <p>Accounts Manager: <input style="width: 95%;" type="text"/></p> <p>Email Address: <input style="width: 95%;" type="text"/></p>
<p>CEO/Director: <input style="width: 95%;" type="text"/></p> <p>Email Address: <input style="width: 95%;" type="text"/></p> <p>Telephone Number: <input style="width: 20%;" type="text"/> Fax Number: <input style="width: 20%;" type="text"/> Cell Number: <input style="width: 20%;" type="text"/></p>	<p>Contact Person/ ACH Coordinator (if applicable): <input style="width: 95%;" type="text"/></p> <p>Remittance Email Address: <input style="width: 95%;" type="text"/></p>

FINANCIAL INSTITUTION INFORMATION *(Block Letters Only; To be completed by Bank)*

<p>Bankers Name: <input style="width: 95%;" type="text"/></p> <p>Address: <input style="width: 95%;" type="text"/> <i>(street)</i></p> <p><input style="width: 95%;" type="text"/> <i>(city)</i></p> <p><input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <i>(country) (zip-code) (telephone number)</i></p>	<p>Swift Code.: <input style="width: 50%;" type="text"/> Routing #: <input style="width: 40%;" type="text"/></p> <p>IBAN #: <input style="width: 50%;" type="text"/> Bank Account Number: <input style="width: 40%;" type="text"/></p> <p>Account Holder Name: <input style="width: 95%;" type="text"/></p> <p>Type of Account (choose one): <input type="radio"/> Checking <input type="radio"/> Savings</p> <p>Account Currency (choose one): <input type="radio"/> USD <input type="radio"/> OTHER (If other, please state) <input style="width: 50px;" type="text"/></p>
---	--

INTERMEDIARY INSTITUTION INFORMATION

(Please provide Intermediary Bankers Information for USD Bank Account for countries outside of the United States)

<p>Intermediary Bank Name: <input style="width: 95%;" type="text"/></p> <p>Intermediary Bank Address: <input style="width: 95%;" type="text"/> <i>(street)</i></p> <p><input style="width: 95%;" type="text"/> <i>(city)</i></p> <p><input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <i>(country) (zip-code) (telephone number)</i></p>	<p>Swift Code.: <input style="width: 50%;" type="text"/> Routing #: <input style="width: 40%;" type="text"/></p> <p>IBAN #: <input style="width: 50%;" type="text"/> Bank Account Number: <input style="width: 40%;" type="text"/></p> <p>Account Holder Name: <input style="width: 95%;" type="text"/></p>
---	---

<p>Bank Stamp: <input style="width: 95%; height: 40px;" type="text"/></p>	<p>Bank Official Signature: <input style="width: 95%; height: 40px;" type="text"/></p>
---	--

INSTRUCTIONS FOR COMPLETING FORM

1. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, vat registration number and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title and type of account entered by your financial institution in the Financial Institution Information Section. An authorized signature should be provided below.

2. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/ company's financial institution who will receive the ACH payment, ACH Coordinator name, bank account title and bank account number. Also, the box for the type of account is checked and the signature, title and telephone number of the financial institution are included.

3. To conduct international USD transactions outside of the Unites States (US) you are required to provide your intermediary / correspondent bankers information. If you fail to comply and the wired payment is returned to Citibank (our bankers) due to incomplete wire instruction, these would normally be returned less a charge, at vendor cost and not that of the NGC group of companies.

4. Please ensure that you have submitted the following documents with your application (tick where applicable):

<input type="checkbox"/>	Company Registration Certificate or legal instrument of identity
<input type="checkbox"/>	Letters of relationships (agency, partnership, consortia)
<input type="checkbox"/>	Taxpayer Identification Number and Certification (W-9) / VAT Certificate
<input type="checkbox"/>	Other documents and information to support your application (e.g., ID, DP number).
SIGNATURE OF AUTHORIZED COMPANY OFFICIAL:	
NAME (BLOCK LETTERS):	
POSITION:	
DATE :	
COMPANY STAMP:	

5. For further information contact:

Strategic Sourcing and Market Intelligence

ACHPaymentsVendors@ngc.co.tt

(868)-636-4662 ext. 1703 / 1712