

# New Account Bank Form

## PROVIDER'S PROFILE FORM - LOCAL

Provider Name					
Payee ID (NEXtCARE use only)					
Trade License Number					
Head Office / Group Name					
Bank Account Details					
Provider Bank Account Name					
Bank Account No. (IBAN)					
Bank Name					
Bank Address					
Email Address/s <i>Recipient of EFT details including PO Summary and PO Transaction Details and Payer Name. EFT Details will be sent through NEXtCARE's bank, the Standard Chartered Bank (SCB); If you have more than one (1) email address, please fill field separated by comma.)</i>					
Contacts					
	Name	Phone Number	Fax Number	Mobile Number	Email Address
Insurance Coordinator					
Accountant / Finance In-charge					
<p>I/We hereby certify that the information above is true and correct unless a formal written amendment is submitted.</p> <p>The undersigned has no objection to the payment of claims by NEXtCARE to the above-mentioned bank account and this document serves as legal discharge of NEXtCARE obligation to the Provider and its owners. The Provider will bear all the finance charges in cases of misrepresentation of the details provided herein.</p> <p><b><u>DISCLAIMER.</u></b></p>					
<b>Authorized Signatory:</b>			<b>Company Stamp</b>		
<p>_____</p> <p>Print Name and Position</p> <p>Date:</p>					
<p>Documentation Requirement if Bank Account Name and Provider Name the same:</p> <ul style="list-style-type: none"> <li>• Photocopy of the Trade License</li> </ul> <p>Documentation Requirements if Bank Account Name is not Provider Name:</p> <ul style="list-style-type: none"> <li>• Photocopy of the Trade License</li> <li>• Photocopy of Specimen Signature (e.g., Department of Immigration Card, Ministry of Labor Card, Articles of Incorporation, Chamber of Commerce Card)</li> <li>• Letter of Authorization from Owner(s) or a Board Resolution.</li> </ul>					