



ACH VENDOR PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with The National Gas Company of Trinidad and Tobago Limited and its subsidiaries. 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 National Gas Company of Trinidad and Tobago Ltd. and its subsidiaries 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)

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| Company Name: | BIR No.: |
| Registered Office Address (as on company registry certificate): <div style="text-align: center;">(street)</div> <div style="text-align: center;">(city)</div> <div style="display: flex; justify-content: space-between;"> (country) (zip-code) </div> | VAT Registration Number: ID/DP: School Registration Number (where applicable): |
| Business or Operating Address: <div style="text-align: center;">(street)</div> <div style="text-align: center;">(city)</div> <div style="display: flex; justify-content: space-between;"> (country) (zip-code) </div> CEO/Director: Email: Telephone Number: Fax Number: Cell Number: | Postal Address: <div style="text-align: center;">(street)</div> <div style="text-align: center;">(city)</div> <div style="display: flex; justify-content: space-between;"> (country) (zip-code) </div> Sales Manager: Email: Telephone Number: Fax Number: Cell Number: |

Preferred Address (choose one): Registered Office Business or Operating Postal

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

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| Bankers: | Swift Code: Routing #: |
| Address: <div style="text-align: center;">(street)</div> <div style="text-align: center;">(city)</div> <div style="display: flex; justify-content: space-between;"> (country) (zip-code) (Telephone Number) </div> | IBAN #: Bank Account Number: Account Holder Name: Type of Account (choose one): <div style="display: flex; justify-content: space-around;"> Checking Savings Other </div> |
| Bank Stamp: | Bank Official Signature: |

INSTRUCTIONS FOR COMPLETING FORM

Make three (3) copies of the form after completing. Copy 1: NGC's; copy 2: company's copy and copy 3: the Financial Institution copy (where applicable).

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

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| | Company Registration Certificate or legal instrument of identity |
| <input type="checkbox"/> | Letters of relationships (agency, partnership, consortia) |
| <input type="checkbox"/> | VAT Certificate of Registration where applicable |
| <input type="checkbox"/> | NIB certificate of good standing where applicable |
| <input type="checkbox"/> | BIR Certificate where applicable |
| <input type="checkbox"/> | Other documents and information to support your application (e.g. ID, DP, School Registration No) |
| SIGNATURE OF AUTHORIZED COMPANY OFFICIAL: | |
| NAME (BLOCK LETTERS): | |
| POSITION: | |
| DATE: | |
| COMPANY STAMP: | |

4. For further information contact:

Process Optimization and Vendor Management

ACHPaymentsVendors@ngc.co.tt

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