



Eastern Caribbean Central Bank (ECCB)

Vendor Data Form

The ECCB Vendor Data Form is used to facilitate electronic payment to service providers and other payees of the Bank.

As one of the submission requirements for the ECCB/RSS-ARU Creative Youth Competition, the form will be used to efficiently process payment of your prize *if* you emerge as one of the winners in the Competition. You are required to complete and sign the form and submit with your entry. Please note that your account should be with a commercial bank; the ECCB does not issue electronic payments on behalf of its payees to Credit Unions or other non-bank institutions.

If you do not have a bank account, you may use someone else's account. In such a case, the owner of the account will need to complete and sign the form. You will therefore need to attach a letter, signed by you, to the completed form instructing the ECCB to issue your prize payment to that account.

Mentor teachers who worked with winning students also receive a monetary award. In that regard, we ask that you have your mentor teacher complete and sign a copy of the form which you will submit with your entry. This will facilitate payment to the teacher if you are one of the winners in the Competition.

The ECCB is committed to keeping your information private and confidential upon receipt.

EASTERN CARIBBEAN CENTRAL BANK
VENDOR DATA FORM



Please complete all areas of this form (as applicable)
(Please print clearly/Kindly initial any errors or corrections)

Section I: Personal Information

Vendor Name:

Name of person or registered business name

Type/Line of Business:

VAT Tax ID Number: *(if applicable)*

Name of Manager:

(If different from Vendor name above)

Contact Person:

Physical Address:

P O Box:

Country:

Zip Code:

Telephone Number:

Cell Phone:

Fax Number:

Email Address:

Section II: Banking Information (Complete ALL Fields)

Name on Account:

Complete Bank A/c No.:

Type of Account:

Savings

Chequing

Other:

(Please specify)

Currency of Account:

Bank Routing Number:

Name of Bank:

Branch where account is held:

Section III: Bank Wire Details for Foreign Currency Remittances Only

Beneficiary Bank (BB):

Address of BB:

Name on Account

Complete Bank A/c No.:

Routing/ABA Number:

SWIFT/BIC Code:

Intermediary (IM) Bank (if Necessary):

Address of IM Bank:

SWIFT/BIC Code:

IBAN Number:

Sort Code:

(Form must bear signature of authorized personnel)

Signature:

Date:

FOR ECCB USE ONLY

Section IV: To be completed by requesting Department/Agency Office

Type of Business:

Please indicate type of business being conducted with vendor e.g. Catering

Entered by:

(Initial and Department)

Section V: To be completed by SSMD

Branch ID:

Account Type ID:

Savings (02) Chequing (01)

Vendor Condition:

Terms of Payment:

Data Verification:

Signature

Date