

Date:

PAYMENT INSTRUCTION FORM

Principal Investigator's name (Party to the CTA) / Name of Institution:	
Email:	HP no.:
Full Study Title:	
CTA ref no:	

I, the Principal Investigator hereby authorise CRM to disburse the payment received under the CTA to the individual as instructed in the table below:

	DETAILS	PURPOSE
1	Name	
	Position (If any)	
	Amount	
	I/C No. / Business Registration No. / Society Registration No.	
	Bank name	
	Bank Account No.	
	Email Address	
	Handphone /Fax No.	
2	Name	
	Position (If any)	
	Amount	
	I/C No. / Business Registration No. / Society Registration No.	
	Bank name	
	Bank Account No.	
	Email Address	
	Handphone /Fax No.	

Principal Investigator

.....

Stamp & Signature

Name :

Date :

For Finance Department use:

Sufficient balance in PI account
 PI stamp & signature
 Correspondence email attached
 Supporting documents / others
 (invoice, proforma invoice, receipt, etc)

Verified by,

Remarks:

.....
Signature:

Name:

Date: