

APPLICATION FOR CIMB DIRECT DEBIT SERVICE / PERMOHONAN PERKHIDMATAN CIMB DIRECT DEBIT

NOTE: / NOTA:

Complete the form in CAPITAL LETTERS and return for verification by the account - holding branch. / Lengkapkan borang ini dengan HURUF BESAR dan kembalikan ke cawangan di mana akaun anda dibuka untuk pengesahan.

SECTION A: PARTICULAR OF ACCOUNT HOLDER / SEKSYEN A: MAKLUMAT PEMEGANG AKAUN

New application / Permohonan baru Change of account details / Pertukaran butiran akaun

Name of account holder / Nama pemegang account

New NRIC number / Nombor kad pengenalan baru _____ Other identification number / Nombor pengenalan lain _____

Bank name / Nama bank _____ Bank account number / Nombor akaun bank _____

Business registration number / Nombor pendaftaran syarikat _____

Address / Alamat

 _____ Postcode / Poskod _____

Telephone Number / Nombor telefon
 Mobile phone / Telefon bimbit _____ Home / Rumah _____ Office / Pejabat _____

Email / Emel

SECTION B: PARTICULARS OF PAYMENT / SEKSYEN B: BUTIR-BUTIR BAYARAN

Name of payee organisation / Nama organisasi penerima

Name of customer/borrower/policy/contract/certificate owner / Nama pelanggan/peminjam/pemegang polisi/kontrak/sijil

Policy/Contract/Certificate number / Nombor polisi/kontrak/sijil _____ Payment reference number / Nombor rujukan bayaran _____

Max. payment Limit / Had maksima bayaran
 R M _____ or No max. limit / atau tiada had maksima

Effective payment Date / Tarikh bermula bayaran
 The effective payment date will be commence upon successful processing of this direct debit service application. / Pembayaran akan bermula berkuatkuasa selepas proses permohonan perkhidmatan direct debit ini berjaya.

Payment frequency / Kekerapan bayaran
 Monthly / Bulanan Quarterly / Suku tahun Half-yearly / Setengah tahun Annually / Tahunan

SECTION C: FOR PAYEE ORGANISATION USE ONLY / SEKSYEN C: UNTUK KEGUNAAN ORGANISASI PENERIMA SAHAJA

Particulars of payment / Butir-butir Pembayaran: _____ Date / Tarikh DD - MM - YYYY

Confirm by / Dipastikan oleh: _____

SECTION D: DECLARATION / SEKSYEN D: PENGAKUAN

- I/We authorise Sun Life Malaysia Assurance Berhad/Sun Life Malaysia Takaful Berhad to deduct an amount equal to the premiums/contributions for this insurance/contract from my/our CIMB Bank or CIMB Islamic account. I/We will ensure that my/our account will have sufficient funds to meet the above payment. This instruction shall remain in-force until it is revoked by me/us in writing. By signing this direct debit authorisation form, I/we hereby agree and acknowledge that, I/we have read and understood the terms and conditions of the CIMB Bank or CIMB Islamic direct debit authorisation as posted on www.cimbbank.com.my or www.cimbislamic.com and agree to be bound by the said terms and conditions. / Saya/Kami membenarkan Sun Life Malaysia Assurance Berhad/Sun Life Malaysia Takaful Berhad untuk memotong jumlah yang bersamaan dengan premium/sumbangan ini dari akaun CIMB Bank atau CIMB Islamic saya/kami. Saya/Kami akan memastikan akaun saya/kami mempunyai jumlah baki yang mencukupi untuk memenuhi bayaran di atas. Arahan ini akan berkuatkuasa sehingga saya/kami membatalkan arahan ini secara bertulis. Dengan menandatangani boring kebenaran debit terus ini, saya/kami dengan ini bersetuju dan mengakui bahawa saya/kami telah membaca dan memahami terma-terma dan syarat-syarat kebenaran debit terus CIMB Bank atau CIMB Islamic seperti yang dimaklumkan di laman web www.cimbbank.com.my atau www.cimbislamic.com dan bersetuju dengan terma-terma dan syarat-syarat tersebut.
- I/We agree that any of my/our personal information collected or held by Sun Life Malaysia Assurance Berhad/Sun Life Malaysia Takaful Berhad ["you"] in this document is provided with my/our consent for it to be held, used, and disclosed by you to individuals or organizations associated with you or any selected third party (within or outside of Malaysia, including reinsurance/retakaful and claims investigation companies and industry associations/federations) to process my/our application as stated in this document, and to communicate with me/us for - purposes of processing such application. I/We understand that I/we am/are entitled to obtain access to and to request correction of any personal information held by you and that such request can be made to the your Customer Careline at 1300-88-5055. /

