



1 Beneficiary Name

2 Please select **one (1)** preferred bank account and update the Bank Account Number.

Citibank Berhad Deutsche Bank (Malaysia) Berhad JPMorgan Chase Bank Berhad OCBC Bank (Malaysia) Berhad OCBC Al-Amin Bank Berhad Public Bank Berhad Public Islamic Bank Berhad The Royal Bank of Scotland Berhad <input type="text"/> [10] <i>[Bank Account Number (please ignore all dashes "-")]</i>	Affin Bank Berhad Affin Islamic Bank Berhad Bank Kerjasama Rakyat Malaysia Berhad Bank of America Malaysia Berhad HSBC Bank Malaysia Berhad HSBC Amanah Malaysia Berhad Kuwait Finance House (Malaysia) Berhad Malayan Banking Berhad Maybank Islamic Berhad Standard Chartered Bank Malaysia Berhad Standard Chartered Saadiq Berhad <input type="text"/> [12] <i>[Bank Account Number (please ignore all dashes "-")]</i>
Hong Leong Bank Berhad Hong Leong Islamic Bank Berhad United Overseas Bank (Malaysia) Berhad <input type="text"/> [11] <i>[Bank Account Number (please ignore all dashes "-")]</i>	AmBank (M) Berhad AmIslamic Bank Berhad <input type="text"/> [13] <i>[Bank Account Number (please ignore all dashes "-")]</i>
Bank Islam Malaysia Berhad Bank Muamalat Malaysia Berhad CIMB Bank Berhad CIMB Islamic Bank Berhad RHB Bank Berhad RHB Islamic Bank Berhad <input type="text"/> [14] <i>[Bank Account Number (please ignore all dashes "-")]</i>	Alliance Bank Malaysia Berhad Alliance Islamic Bank Berhad <input type="text"/> [15] <i>[Bank Account Number (please ignore all dashes "-")]</i> Bank Simpanan Nasional Others : _____ <input type="text"/> [16] <i>[Bank Account Number (please ignore all dashes "-")]</i>

3 Payment advice can be e-mailed / sms to :-

E-mail Address (1) _____

E-mail Address (2) _____

E-mail Address (3) _____

OR

Hand Phone No (1) Hand Phone No (2)

4 I / We hereby authorize that the payment(s) due to me / us from Hong Leong MSIG Takaful Berhad (hereinafter called "HLMT") be paid to my / our bank account stated above by way of Giro Fund Transfer / Rentas. We confirm the following :-

- I / We consent that HLMT is allow to release the above data to its banker(s) in order to facilitate payment(s) to me / us by way of Giro Fund Transfer / Rentas.
- All information provided herein are correct and accurate.
- My / Our request herein shall be irrevocable without the consent of HLMT. HLMT may at anytime in its absolute discretion effect payment(s) to me / us by other mode(s).
- I / We shall keep HLMT and its banker(s) indemnified against any loss and/or damage howsoever arising from any matters in relation to Giro Fund Transfer/Rentas requested by me / us herein including but not limited to error / mis-description in information furnished, delayed payment(s) and any other circumstances beyond HLMT and its banker(s)'s control.
- Attach a photocopy of the cheque book cover / top portion of the bank statement / relevant page of the savings account book which clearly indicate that the below mentioned account number belongs to you / your company.

Authorised Signatory (ies) _____ Company Stamp _____

Name : _____ NRIC No (Individual)

Designation : _____ Business Registration No (Non-Individual)