

E-Payment Registration Form

| New Registration | Change of Details |
|--|-------------------|
| Part I. Beneficiary Details Name of Applicant/ Company | |
| NRIC No. / Co. Registration No | |
| - | |
| Address | |
| Telephone No. | Fax No |
| Person In-Charge Name | 1 2 |
| Email Address | 1 2 |
| Telephone No. | 1 2 |
| · | |
| Part II. * Beneficiary Banking Name of Bank | Details |
| Bank Address | |
| Bank Account No. | SWIFT Code |
| IBAN Code (If applicable) | 3000 |
| 2000 (app.::cab/c/ | |

Part III. Declaration

I/We hereby request that payment(s) due and payable to me/us by Zurich General Takaful Malaysia Berhad be paid to my/our bank account stated above by way of Inter-bank Giro/RENTAS/TT and confirm that:-

- 1. I/We consent to Zurich General Takaful Malaysia Berhad releasing the above data to its banker(s). In order to facilitate payment(s) to me/ us by way of Inter-bank Giro/RENTAS/TT.
- 2. All information provided herein are correct and accurate.
- 3. My/Our request herein shall be irrecoverable without the consent of Zurich General Takaful Malaysia Berhad. Zurich General Takaful Malaysia Berhad may at any time in its absolute discretion effect payment(s) to me/us by other mode(s).
- 4. I/We shall keep Zurich General Takaful Malaysia Berhad and its banker(s) indemnified against any loss and/or damage howsoever arising from any matters in relation to Inter-bank Giro/RENTAS/TT requested by me/us herein including but not limited to error/misdescription in information furnished, delayed payment(s) and any other circumstances beyond Zurich General Takaful Malaysia Berhad and its banker(s)'s control.

| Authorised Signatory (ies) Name | | | | Company Stamp Date | | | |
|--|-------|----------|----------|--------------------|------------------------|--|--|
| Designation | - | | | | | | |
| Part IV. Zurich General Takaful Malaysia Berhad Office Use Only Department/Branch | | | | | | | |
| · | | | _ | _ | | | |
| Profile | Agent | Workshop | Adjuster | Vendor | Others, please specify | | |
| Agent/Workshop/Adjuster/Vendor Code | | | | | | | |
| Entered by | | | Date | | | | |
| Verified by | | | Date | | | | |
| | | | | | | | |

* Important :

- 1. This facility allows payment to be credited into the above mentioned account only.
- 2. Please attach (i) copy of NRIC or Passport or Business Registration Form whichever is applicable and (ii) 1st page of (a) your bank statement; or (b) your bank saving book showing the account name and account number; or (c) details of your bank account obtained from your bank's website that has been certified by your bank; or (d) letter from your bank confirming your bank account details.

