

APPLICATION FOR DIRECT DEBIT SERVICE / PERMOHONAN PERKHIDMATAN DEBIT TERUS
Notes / Nota-nota:

1. **Complete the form in CAPITAL LETTERS. / Lengkapkan borang ini dengan HURUF BESAR.**
2. **This form is required to be submitted together with Direct Debit Authorisation Form. / Borang ini dikehendaki dikemukakan bersama Borang Kebenaran Debit Terus.**
3. **In accordance with the guidelines of anti-money laundering issued by Bank Negara Malaysia, Company/Takaful Operator is required to verify the identity of its client. In the event of insufficient proof of identification, the application may not be accepted. / Menurut garis panduan mengenai pencegahan pengubahan wang haram yang dikeluarkan oleh Bank Negara Malaysia, Syarikat/Pengendali Takaful dikehendaki mengesahkan identiti pelangganya. Sekiranya bukti pengenalan tidak diberikan secukupnya, permohonan tersebut mungkin tidak diterima.**

Policy/Contract/Proposal/Application form reference number / Nombor polisi/kontrak/rujukan borang permohonan/cadangan

Life assured/Person covered / Orang yang diinsuranskan/dilindungi

Name of bank / Nama bank	Bank abbreviation / Singkatan bank	Name of bank / Nama bank	Bank abbreviation / Singkatan bank		
<input type="checkbox"/>	Affin Bank Berhad	ABB	<input type="checkbox"/>	Deutsche Bank (Malaysia) Berhad	DBB
<input type="checkbox"/>	Alliance Bank Malaysia Berhad	ABMB	<input type="checkbox"/>	Hong Leong Bank	HLB
<input type="checkbox"/>	Am Bank	AMBB	<input type="checkbox"/>	HSBC Bank	HSBC
<input type="checkbox"/>	Al-Rajhi Bank	ARM	<input type="checkbox"/>	Industrial & Commercial Bank of China	ICBC
<input type="checkbox"/>	Bank Islam Malaysia Berhad	BIMB	<input type="checkbox"/>	JP Morgan Chase	JPMC
<input type="checkbox"/>	Bank Muamalat	BMMB	<input type="checkbox"/>	Kuwait Finance House	KFH
<input type="checkbox"/>	Bank Pertanian Malaysia (AGRO Bank)	AGRO	<input type="checkbox"/>	Maybank	MBB
<input type="checkbox"/>	Bank Kerjasama Rakyat Malaysia Berhad	BKRM	<input type="checkbox"/>	Mizuho Bank	MCBM
<input type="checkbox"/>	Bank Simpanan Nasional	BSN	<input type="checkbox"/>	OCBC Bank	OCBC
<input type="checkbox"/>	Bank of America	BOFA	<input type="checkbox"/>	Public Bank	PBB
<input type="checkbox"/>	Bank Of China	BOCM	<input type="checkbox"/>	RHB Bank	RHB
<input type="checkbox"/>	MUFG Bank (Malaysia) Berhad	BTMU	<input type="checkbox"/>	Standard Chartered Bank	SCB
<input type="checkbox"/>	BNP Paribas Malaysia	BNPP	<input type="checkbox"/>	Sumitomo Mitsui Banking Corporation	SMBC
<input type="checkbox"/>	CIMB Bank Berhad	CIMB	<input type="checkbox"/>	UOB Bank	UOB
<input type="checkbox"/>	Others, please specify _____				

PAYOR INFORMATION / MAKLUMAT PEMBAYAR

Payor name / <i>Nama pembayar</i>	
NRIC number (New) / <i>Nombor kad pengenalan (Baharu)</i>	
Other identification number / <i>Nombor pengenalan lain</i>	
Date of birth / <i>Tarikh lahir</i>	
Nationality / <i>Kewarganegaraan</i>	
Correspondence address / <i>Alamat surat-menyurat</i>	Postcode / Poskod <input type="text"/>
Permanent address (if difference from your correspondence address) / <i>Alamat tetap (jika berlainan dengan alamat surat-menyurat)</i>	Postcode / Poskod <input type="text"/>
Mobile phone / <i>Telefon bimbit</i>	
Home phone number/ <i>Nombor telefon rumah</i>	
Office phone number/ <i>Nombor telefon pejabat</i>	
Email / <i>Emel</i>	
Relationship to proposer (must be one of the following) / <i>Hubungan kepada peadang (mesti pilih salah satu hubungan berikut)</i>	<input type="checkbox"/> Self / <i>Sendiri</i> <input type="checkbox"/> Spouse / <i>Pasangan</i> <input type="checkbox"/> Parent / <i>Ibu/Bapa</i> <input type="checkbox"/> Sibling / <i>Abang/Kakak/ Adik</i> <input type="checkbox"/> Grandparent / <i>Datuk/Nenek</i> <input type="checkbox"/> Parent in-law / <i>Ibu/Bapa Mertua</i> <input type="checkbox"/> Legal guardian / <i>Penjaga sah</i> <input type="checkbox"/> Son/Daughter / <i>Anak</i> <input type="checkbox"/> Employer / <i>Majikan</i>
Occupation / <i>Pekerjaan</i>	
Nature of business / <i>Jenis pekerjaan</i>	
Name of employer / <i>Nama majikan</i>	

DECLARATION AND AUTHORISATION / PENGAKUAN DAN PEMBERIAN KUASA

- I hereby declare that the information given in this form are true and accurate to the best of my knowledge and record. I shall release and discharge Sun Life Malaysia Assurance Berhad/Sun Life Malaysia Takaful Berhad ("Company") fully from any liability for any loss arising from the reliance on the above information. In the event of any change in the details above, I shall notify the Company in writing no later than 7 days after the change. / Saya dengan ini mengakui bahawa maklumat yang diberi adalah benar dan tepat sepanjang pengetahuan dan rekod saya. Saya akan membebaskan dan melepaskan Sun Life Malaysia Assurance Berhad/Sun Life Malaysia Takaful Berhad ("Syarikat") sepenuhnya daripada apa-apa liabiliti bagi apa-apa kerugian yang timbul daripada pergantungan kepada maklumat di atas. Sekiranya terdapat perubahan dalam butiran di atas, saya akan memaklumkan Syarikat secara bertulis tidak melebihi 7 hari selepas perubahan tersebut.
- I understand and agree that any of my personal information collected or held by the Company (whether contained in this form or otherwise obtained) may be held, used, and disclosed by the Company to individuals or organisations related to or associated with the Company or any selected third party (within or outside Malaysia, including reinsurance and claims investigation companies and industry association/ federations) for the purpose of processing this application and providing subsequent service for this policy/contract and to communicate with me for such purposes. I understand that I am entitled to obtain access to and to request correction of any personal information held by the Company and that such request can be made to the Company's Client Careline at 1300-88-5055. I will keep the Company updated of any change to such personal information as soon as possible. / Saya memahami dan bersetuju bahawa sebarang maklumat peribadi saya yang diperolehi atau disimpan oleh Syarikat (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) boleh disimpan, digunakan, dan didedahkan oleh Syarikat kepada individu atau organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang terpilih (di dalam atau di luar Malaysia termasuk penanggung insurans semula dan siasatan tuntutan serta persatuan/persekutuan industri) untuk tujuan pemrosesan permohonan ini dan memberikan perkhidmatan seterusnya untuk polisi/kontrak ini serta berhubung dengan saya bagi tujuan tersebut. Saya memahami bahawa saya berhak mendapat akses kepada maklumat tersebut dan meminta sebarang pembetulan dibuat ke atas mana-mana maklumat peribadi yang disimpan oleh Syarikat dan permintaan tersebut boleh dibuat kepada talian Khidmat Pelanggan Careline Syarikat di 1300-88-5055. Saya akan memaklumkan Syarikat mengenai sebarang perubahan tentang maklumat peribadi secepat mungkin.

Signature of payor /
Tandatangan pembayar

Full name: /
Nama penuh: _____
NRIC number (new): /
Nombor kad pengenalan (baharu): _____
Date: /
Tarikh: _____

Signature of witness /
Tandatangan saksi

Full name: /
Nama penuh: _____
NRIC number (new): /
Nombor kad pengenalan (baharu): _____
Date: /
Tarikh: _____



IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) *

ID Number (without '-' or '/') * New IC Passport Old IC Business Reg.

Saving, Current or Card Account No (without '-' or '/') *

Telephone Number

 Bank Abbreviation *
(Refer to Guideline for abbreviation list)

E-Mail

Purpose of Payment *

Maximum amount to debit per transaction (RM)*

 -

 (Subject to maximum limit specified by the DD Operator)

Maximum frequency *

 Mode of frequency * Daily Weekly Monthly Yearly

Effective Date * (DDMMYY)

 Expiry Date (DDMMYY)

Declaration:

- a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
- b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
- c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
- d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
- e. I/We hereby agree to be bound by the Terms and Conditions.
- f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
- g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp* _____ Date* (DDMMYY)

Account Holder's Signatures as per Bank's record
(For Joint Account - Signature as per Bank's signing condition)

FOR CORPORATION'S COMPLETION

Billor ID *

 Date* (DDMMYY)

Payment Reference No. (e.g. Policy No., etc.) (Must be unique) *

Prepared By (Name) : _____

Signature : _____

