

**PARTICULAR OF APPLICANT**

Corporation's Name : **IHM RISK PROTECTION SDN BHD**

Applicant's Name :

New IC No :  Old IC/Passport No. :

Business Registration No :  Contact No :  -

Address :

Poscode :  State :

Account No :  Branch :

**PARTICULAR OF PAYMENT**

Purpose of Payment :

Payment Reference No. 1 :  Effective Date :   (Month)  (Year)

Payment Reference No. 2 :  End Date :   (Month)  (Year)

Maximum Amount to Debit :  AS PER BILL  Unlimited  As Per Bill

No. of Frequency (Fill in numeric)  Times  Monthly  Quarterly  Half Year  
 (The related frequency mode)

**Declaration:**

- a) I/We hereby authorize you to debit my/our account for the above payment instruction/s.
- b) The authorization will remain in forces until terminated by your written notice sent to/my address last known to you or upon receipt of my/our written revocation
- c) I/We hereby acknowledged that the information in this form will be disclosed or released to the corporation and the corporation' bank for the purpose of eCollection payment.
- d) I/We hereby declared that all information provided is to the best of my/our knowledge true and correct
- e) I/We hereby agreed and shall be bound the Terms and Conditions specified in the form.

Applicant Account Name :  Applicant Company Stamp/Signature :

Primary :  Primary :

Secondary :  Secondary :

**Note:**

- a) For corporate account, all authorised signatories to sign and company rubber stamp required.
- b) All joint Account Holder are to sign

**FOR CORPORATION'S COMPLETION**

Company's Name : **IHM RISK PROTECTION SDN BHD**

Business Registration No :  5  9  7  2  4  6  M

Date :        
 (D D M M Y Y)

Company's Chop :  Authorised Signatory(s) :   
 (Authorised Signatory Name)

**FOR BANK USE ONLY**

<p>This above signatures has been verified based on the:</p> <p><input type="checkbox"/> Company Board Resolution dated</p> <p><input type="checkbox"/> Signature Verification System (SVS)</p> <p><input type="checkbox"/> Signature Verified by the Home Branch (copy of branch verification attached)</p>	<p>This application is hereby : (Please ✓ the following)</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Rejected (Please ✓ the following)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signature/Thumbprint differ from Bank's record</li> <li><input type="checkbox"/> Signature/Thumbprint incomplete/unclear</li> <li><input type="checkbox"/> Account operated by different signature</li> <li><input type="checkbox"/> Wrong Account Number</li> <li><input type="checkbox"/> Amendment/s not countersigned by applicant</li> <li><input type="checkbox"/> Others <input type="text"/></li> </ul>
<p>Prepared by : <input type="text"/></p> <p>Name : <input type="text"/></p> <p>PF No. : <input type="text"/></p> <p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>              (D D M M Y Y)</p>	<p>Signature Verified by : <input type="text"/></p> <p>Name : <input type="text"/></p> <p>PF No. : <input type="text"/></p> <p>Authorised by : <input type="text"/></p> <p>Name : <input type="text"/></p> <p>PF No. : <input type="text"/></p> <p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>              (D D M M Y Y)</p>