

DIRECT CREDIT FACILITY FORM

Important Notes:

1. This Direct Credit facility is only available for accounts maintained in banks participating in the Interbank GIRO payment system (IBG) in Malaysia.
2. This Direct Credit facility is not allowed for any joint bank accounts unless the Policy Owner/Payee is the primary account holder.
3. We reserve the right to release payment by cheque in the event of (a) insufficient/incorrect information having been provided in this Direct Credit Facility form, (b) payment being made to joint Payees (e.g. joint administrators or joint executors), and/or (c) failure of transfer to the beneficiary bank for any reason whatsoever.

Payee * refers to any person/company who is the person entitled to the Policy monies, e.g. policyowner, life assured, nominee, assignee, trustee, Public Trustee/Amanah Raya, executor/executrix, administrator/administratrix, or for group employee benefit policies, employer. In relation to a Payee* who is a minor, payments shall only be made to accounts maintained by the parent or lawful guardian.

Name of Policy Owner / Payee*																							
NRIC No. / Company Registration No.												* same as in Policy and Bank Account											
Group Scheme Number												* only applicable for Group Insurance											
Policy No. / Certificate No. / Contract No.	1												3										
	2												4										
Beneficiary Bank																							
Bank Account No.																							
Account Type	<input type="checkbox"/> Single Account											<input type="checkbox"/> Joint Account <small>(Only allowed if Policy Owner / Payee is the primary account holder)</small>											
Email Address (mandatory)																							
Mobile (mandatory)	+																						
<small>example: 012-345 6789 (Malaysia)</small>			Country Code		6	0	1	2	3	4	5	6	7	8	9								

* The mobile and email address **REQUIRED** will be used for payment notification for the above policies/certificates/contracts.

POLICY OWNER / PAYEE AUTHORIZATION

I/We hereby:

1. Instruct the Company to pay into my / our Account all the future amount payable to me / us arising from transactions effected through the above policy (ies) until this instruction is expressly revoked in writing or replaced.
2. Confirm that I am the Account holder and have full power and authority to operate the Account / [in respect of a partnership or a body corporate], we further confirm that the person signing this form is the authorised signatory for the Account, and have full power and authority to operate the Account.
3. Confirm that the information provided by me / us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my / our Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.
4. Understand that the Company has the right to reject this standing instruction in the event that it is found to be payable to a third party account. I / we also understand that the Company may in its absolute discretion terminate this Direct Credit service at anytime and without assigning any reason(s) therefor.
5. Agree to immediately refund to the Company in full any monies paid into the Account which is paid in error or which I am / we are otherwise not entitled to receive.
6. Declare that in relation to payments made by the Company into the above Account, I / We :
 - a. acknowledge and agree that payments made by the Company into the above-mentioned Account shall be a valid discharge of the Company's liability under the policy(ies), and that the Company shall not be liable for any damages, losses, claims, costs and/or expenses which may incur arising from such payments.
 - b. agree to keep the Company indemnified of any damages, losses, claims, cost and/or expenses incurred by the Company in defending any claim arising from and/or in connection with this instruction.
7. Declare that I am not an undischarged bankrupt / [in respect of a partnership or a body corporate]. We declare that no order has been made, petition filed or resolution passed for our winding up, dissolution or liquidation or for the appointment of a liquidator, receiver, custodian or trustee for all or any part of our property or assets or for an administration order against us.
8. Agree that the personal data provided in this form may be recorded, used, disclosed, processed and stored by the Company for the purposes relating to the payment of funds in accordance with my / our instructions herein, and for the purposes of compliance with any legal or regulatory requirements.

Signature of Payee* _____
 Name: _____
 Date: _____ (DD/MM/YY)

Signature of Witness _____
 Name: _____
 NRIC No.: _____

For Office Use:

Bank Code:	<input type="text"/>
Branch Code:	<input type="text"/>
Reject Reason:	<input type="text"/>

Contact No.: _____
 Address: _____

Note: The witness must be at least 18 years of age and cannot be a named Nominee, Trustee, Assignee or Life Assured.

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