



DirectDebit AUTHORIZATION FORM



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: [X] New Application [ ] Maintenance [ ] Termination

Account Holder's Name (Primary): J C L C R E D I T L E A S I N G

ID Number: [X] New IC [ ] Passport [ ] Old IC [ ] Business Reg. X X X X X X X X X X X X

Saving or Current Account No (without +/- or 1/2): 1 6 2 X X X X X X X X X X

Telephone Number: 0 1 2 - X X X X X X X X Bank Abbreviation: M B B

E-Mail: i n q u i r y @ b p a r t n e r g r o u p . c o m

Purpose of Payment: J C L L O A N

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 funds 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 specified in this form. 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 authorize 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: [Signature] Date: D D M M Y Y

FOR CORPORATION'S COMPLETION / UNTUK DIISI OLEH SYARIKAT

Seller ID: D D 0 0 0 0 0 0 0 8 1 Date: [ ]

Payment Reference No. (e.g. Policy No., etc.) (Must be unique): [ ]

NOTE: THIS SECTION/PORION IS CUSTOMIZEABLE BY CORPORATION. Prepared By (Name): Signature: JCL

1 Cross the box [X] for new application

3 Cross the box [X] of your choice and fill in the numbers

6 Fill in your contact no.

7 Fill in your email address

8 Signature must be the same as your bank signature

2 Fill your name (according to your bank account)

4 Fill your bank account

5 Fill in your bank name, e.g. MBB (please refer to the bank abbreviation list)

9 Today's date