

GIRO FUND TRANSFER / RENTAS ADVICE

Beneficiary Name			
Bank Account No. (Please use local bank only)			
Bank (Please use local bank only)			
<i>Payment advice can be emailed / SMS to:-</i>			
Email Address			
Hand Phone No.		Certificate No.	

I / We hereby authorise that the payment(s) due to me / us from Hong Leong MSIG Takaful Berhad (hereinafter called "HLMT") be paid to my /our bank account stated above by way of Giro Fund Transfer / Rentas. We confirm the following:-

- I / We consent that HLMT is allowed to release the above data to its banker(s) in order to facilitate payment(s) to me / us by way of Giro Fund Transfer / Rentas.
- All information provided herein are correct and accurate.
- My / Our request herein shall be irrevocable without the consent of HLMT. HLMT may at any time in its absolute discretion effect payment(s) to me / us by other mode(s).
- I / We shall keep HLMT and its banker(s) indemnified against any loss and/or damage howsoever arising from any matters in relation to Giro Fund Transfer / Rentas requested by me / us herein including but not limited to error / mis-description in information furnished, delayed payment(s) and any other circumstances beyond HLMT and its banker(s)'s control.
- Attach a photocopy of the cheque book cover / top portion of the bank statement / relevant page of the savings account book which clearly indicate that the below mentioned account number belongs to you / your company.

Authorised Signatory (ies)

Company Stamp

Name:

NRIC No. (Individual):

Designation:

Business Registration No (Non-Individual):

Please send the duly signed off form via e-mail / fax or send to:

Email address : ReachUs@takaful.hongleong.com.my

Fax Number : 03-7620 6730

HLMT Address : **Certificate Administration Department**

Hong Leong MSIG Takaful Berhad (738090-M)

Level 5, Tower B, PJ City Development, No. 15A, Jalan 219, Seksyen 51A

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