

Authorisation Form

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D	D		M	M		Y	Y	Y	Y

Particulars Of Account

Account Name		Account No.	
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Types Of Authorisation

A: FOR CHEQUE ENCASHMENT B: FOR CHEQUE BOOK (S) COLLECTION C: TO CONFIRM INSTRUCTIONS/TRANSACTIONS

Refer to the types A, B & C. Please tick (✓) to select ONE of the following:

<input type="checkbox"/> For A ONLY	<input type="checkbox"/> For C ONLY	<input type="checkbox"/> For A & C ONLY	<input type="checkbox"/> For A, B, & C
<input type="checkbox"/> For B ONLY	<input type="checkbox"/> For A & B ONLY	<input type="checkbox"/> For B & C ONLY	

Authorised Representatives Details

I/ We hereby nominate the below-mentioned person(s) ("Authorised Representatives") to execute the related activities as requested above. This instruction will supersede all previous nomination instruction given.

No.	Full Name *	ID Number (without dash "-")	ID Type	Country Code	Contact Number
1.					
2.					
3.					

* Please do not include name(s) of Authorised Signatory(ies) or Approved Person(s). This list should contain the authorised representatives only.

Declaration

By signing below, I/ We hereby:-

- confirm that the Bank shall not be liable for any loss and liabilities of whatsoever nature suffered by us in connection with or arising from the confirmations by any of the Authorised Representatives to the Bank and/or the Bank's reliance on such confirmations.
- agree to indemnify the Bank and at all times keep the Bank fully indemnified from and against all actions, costs (including but not limited to all whatsoever legal costs and expenses howsoever incurred), claims, losses and all other expenses and liabilities of whatsoever nature which may be made against the Bank or incurred or suffered by the Bank in connection with or arising from the above confirmations by any of the Authorised Representatives to the Bank and/or the Bank's reliance on such confirmations.
- irrevocably authorise the Bank to debit any account(s) which we may now or hereafter have with the Bank towards payment of our liability hereunder with prior notice to us.
- Agree that all verbal confirmations made by any of the Authorised Representatives shall be conclusive and binding on us. (Applicable to 'CONFIRM CHEQUES ISSUANCE / REMITTANCE / OTHER TRANSACTIONS')
- I / We also undertake to count the number of leaves and examine its contents upon receipt of the cheque book(s) and will report to the Bank immediately of any discrepancy / irregularity found. (Applicable to 'CHEQUE BOOK (S) COLLECTION')
- The Bank reserves the right to reject the request without having to furnish any reason of doing so.
- The authorised signatory(ies) or approved person(s) shall give the Bank not less than seven (7) business days for this authorisation to take effect.

Signature of Authorised Signatory

Name:

Signature of Authorised Signatory

Name:

Signature of Authorised Signatory

Name:

For Bank Use Only

<input type="checkbox"/> OTC ¹ <input type="checkbox"/> Mail In ² <input type="checkbox"/> Offsite (with Biometric) ³ <input type="checkbox"/> Offsite (without Biometric) ⁴ Offsite Collected By:	Attended By _____ Name Rec Date & Time <input type="checkbox"/> Customer Signature Verified ¹ <input type="checkbox"/> MyKad Biometric Verified ¹³	Approved By _____ Name <input type="checkbox"/> Supporting Document, if any ^{1,2,3,4}	EWF Maker _____ Name Scan Date & Time Job Batch ID No.	EWF Checker _____ Name QR Date & Time No. of Pages
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