

E-Payment Registration Form

Allianz Life Insurance Malaysia Berhad (104248-X)

New Registration

Change of Details

Part 1. Beneficiary Details

Name of Applicant / Company

NRIC No.

Co. Registration No.

Address

Telephone No.

Mobile No.

E-mail Address

Person In-charge

Person In-charge Tel No.

Part 2. Beneficiary Banking Details

Name of Bank

Bank Address

Bank Account No.

Type of Account

Saving

Current

Others, please specify

ID captured when open bank account for verification

NRIC No

Co Registration No

Others, please specify

Swift Code – if applicable

IBAN Code – if applicable

Part 3. Declaration

I / We hereby declare that all the above information is true and complete to the best of my knowledge and record and I / We understand that Allianz Life Insurance Malaysia Berhad, believing them to be such, will rely and act on them. I / We shall indemnify Allianz Life Insurance Malaysia Berhad for any loss, damage or claims incurred as consequence of acting on such reliance. I / We will notify the Company when there are changes on the above.

Signature

Company Stamp

Name

Date

Part 4. For Office Use Only

Department/Branch Requested

Verified By

Date

Approved By

Date

Notes:

1. This facility allows payment to be credited into the above mentioned account only.
2. Please attach (i) copy of NRIC or Passport or Business Registration Form whichever is applicable and (ii) 1st page of (a) your bank statement; or (b) your bank saving book showing the account name and account number; (c) details of your bank account obtained from your bank's website that has been certified by your bank; or (d) letter from your bank confirming your bank account details.

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