

IMPORTANT NOTE: ALL FIELDS ARE MANDATORY TO BE FILLED-IN UNLESS OTHERWISE STATED. ONLY FULLY COMPLETED FORMS WILL BE PROCESSED BY FPX GATEWAY SDN. BHD.

Part 1: FOR ACCOUNT HOLDER'S COMPLETION

1. Bank Name : PUBLIC BANK BERHAD

2. Saving/Current Account No.: 1 2 3 4 5 6 7 8 9 0

3. Name of Corporation :

4. Purpose of Payment: TOP UP

Payment Details:

5. Maximum amount to debit per transaction RM 1 5 0 0 . 0 0

6. No. of frequency 1 0 times Daily Weekly Monthly Yearly (Please check one only)

7. Commencement Date: D D M M Y Y

Declaration:

- a. I/We hereby authorize you to debit my/our account for the above payment instruction(s) including the relevant transaction fees/charges not payable by the Corporation.
b. This authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation.
c. I/We hereby acknowledge that the information in this form will be disclosed or released to the corporation and corporation's bank for the purpose of FPX Collection payment.
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. I/We hereby confirm that we have checked the accuracy and correctness of the details furnished in this application and are aware of the content and the scope of the services provided.

8 (a). Account Holder 1: Name, IC No./Passport No./ Business Registration No., Tel, Fax, Email, Signature / Company Stamp, Date

8 (b). Account Holder 2 (to be filled up if Joint Account): Name, IC No./Passport No./ Business Registration No., Tel, Fax, Email, Signature / Company Stamp, Date

Part 2: FOR CORPORATION'S COMPLETION

9. Account Holder Reference No. (must be unique) (e.g. Policy No. / Membership No. / etc)

10. Seller ID : S E

11. Bank's Name :

12. Prepared By (Name) : Signature:

Date: D D M M Y Y

Corporation Logo / Stamp: (Optional)

Part 3: FOR CORPORATION'S BANK COMPLETION

13. Validated By : Signature: Date: D D M M Y Y

14. Authorized By : Signature: Date: D D M M Y Y

Part 4: FOR ACCOUNT HOLDER'S BANK COMPLETION

15. This application is hereby (please check one of the following):

- Approved
Rejected (please check any of the following):
Signature/Thumbprint differ from Bank's record
Signature/Thumbprint incomplete/unclear
Account operated by different Account Holder
Invalid Account Number
Amendment/s not countersigned by Account Holder
Others

16. Validated By : Signature: Date: D D M M Y Y

18. Authorized By : Signature: Date: D D M M Y Y

Bank Stamp/Chop: (Optional)