E-Payment Registration Form

Allianz Life Insurance Malaysia Berhad (104248-X)

New Registration		Cha	nge of Details						
Part 1. Beneficiary Detail	s								
Name of Applicant / Com	pany				_				
NRIC No.						Co. Registration N	lo.		
Address									
Telephone No.						Mobile N	No.		
E-mail Address									
Person In-charge					Perso	on In-charge Tel I	No.		
Part 2. Beneficiary Banki	ng 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 Re	egistration No		Others, please specify	
Swift Code – if applicable					IBAN Code – if applicable				
Part 3. Declaration									
I / We hereby declare that Allianz Life Insural Insurance Malaysia Ber Company when there are	nce Malays had for an	sia Berhad ıy loss, daı	, believing them mage or claims i	to be s	such, w	ill rely and act	on	them. I / We shall ind	emnify Allianz Life
Signature					Company Stamp				
Name					Date				
Part 4. For Office Use On	ly								
Department/Branch Reque	ested								
Verified By						Date			
Approved By						Date			

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.