CIMB BANK CIMB ISLAMIC

PERIODICAL PAYMENT TERMINATION FORM

If you require any information to be updated by the Bank, please fill in and submit the Customer Information Update Form.

APPLICANT DETAILS

☐ Single ☐ Either to Sign ☐ All to Sign

Name as per NRIC / Passport

New NRIC / Passport No.

Contact No.

SA/CA Account Number

Account Number

Reference Number

Fund Name/Product Name

Payment Amount

RM

Frequency of Payment (please tick (✓) where applicable)

☐ Weekly ☐ Fortnightly ☐ Monthly

☐ Quarterly ☐ Half-yearly ☐ Yearly

☐ Others, please specify _____

Kindly be informed that I/we the undersigned, would like to terminate the above mentioned standing instruction.

I am/We are aware that the termination of the said standing instruction will only take effect in the current month should I/we complete and submit the form not later than 7th of the month.

Signature of Account Holder

Date D D / M M / Y Y Y Y

FOR BRANCH USE ONLY

Verified By (Branch)

Signature

Date D D / M M / Y Y Y Y

FOR WM OPS USE ONLY

Maintained in e-Manager By

Signature

Date D D / M M / Y Y Y Y

Verified in e-Manager By

Signature

Date D D / M M / Y Y Y Y