

➤ MY EMPLOYMENT / BUSINESS DETAILS

Employer Name

Office phone no.

Gross Monthly Income

RM

Other Monthly Income

RM

Occupation

<input type="text"/>	Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	-------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Employment Type

<input type="text"/>	Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	-------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Employment Status

Permanent Contract Temporary

Employment Sectors

<input type="text"/>	Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	-------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**for bank use only*

Type of company (Please ✓ one)

- | | |
|--|---|
| <input type="checkbox"/> CIMB Group | <input type="checkbox"/> MNC (Non FI) |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> KLSE listed |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Public Ltd Company - Not Listed | <input type="checkbox"/> Sole Proprietorship/ Partnership |
| <input type="checkbox"/> None/Unemployed | |
| <input type="checkbox"/> Others _____ | |

Size of current employment company (Please ✓ one)

- | | |
|--|--|
| <input type="checkbox"/> <15 employees | <input type="checkbox"/> 15-50 employees |
| <input type="checkbox"/> >50 employees | |

Length of Service

<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------

Total Working Experience

<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------

➤ JOINT APPLICANT... CONTINUE

Marital Status

Single Married Widowed Divorced

With Dependent Children

No Yes, please specify how many _____

Highest Education Level

Not applicable Primary Secondary
 Diploma Professional Qualification
 Bachelor Masters Doctorate

Residential Address

Postcode	City
State	Country

Mailing Address (If different from Residential Address)

Postcode	City
State	Country

Home Phone no.

Mobile no.

E-mail Address (required)

Residence Type (Please ✓ one)

Employer's Quarters Family Home / Relatives
 Own (Mortgaged) Own (Not Mortgaged)
 Rented

➤ DOCUMENTS ENCLOSED WITH APPLICATION

Which of the following documents are you providing with this form?

Compulsory Documents

Copy of applicant's NRIC

Evidence of income

Latest 1 month's salary slip OR any ONE of the following :

<input type="checkbox"/> Latest 3 months' payment voucher accompanied with account statement	<input type="checkbox"/> Latest EPF Statement
<input type="checkbox"/> Latest 6 months' current account statement (registered under the business)	<input type="checkbox"/> ASN Dividend statement
<input type="checkbox"/> Latest 6 months' Tabung Haji account statement	<input type="checkbox"/> Latest Business Registration

➤ EMPLOYMENT DETAILS (JOINT APPLICANT)

Employer Name

Office Address

Postcode	City
State	Country

Office Phone no.

Gross Monthly Income

RM

Other Monthly Income

RM

Occupation

	Code*						
--	-------	--	--	--	--	--	--

Employment Type

	Code*						
--	-------	--	--	--	--	--	--

**for bank use only*

Employment Status

Permanent Contract Temporary

Employment Sectors

	Code*						
--	-------	--	--	--	--	--	--

Type of Company (Please ✓ one)

<input type="checkbox"/> CIMB Group	<input type="checkbox"/> MNC (Non FI)
<input type="checkbox"/> Government Agency	<input type="checkbox"/> KLSE listed
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> Public Ltd Company - Not Listed	<input type="checkbox"/> Sole Proprietorship/ Partnership
<input type="checkbox"/> None/Unemployed	
<input type="checkbox"/> Others _____	

Size of Current Employment Company (Please ✓ one)

<15 employees 15-50 employees
 >50 employees

Length of Service

Y	Y	/	M	M
---	---	---	---	---

Total Working Experience

Y	Y	/	M	M
---	---	---	---	---

➤ DECLARATION/DISCLOSURE BY APPLICANT(S)/GUARANTOR**

** These declaration shall apply to all CIMB Bank Berhad and/or CIMB Islamic Bank Berhad, as the case may be, (“the Bank”) product(s) which you apply for as stated in the application form(s). The Bank refers to CIMB Bank Berhad and/or CIMB Islamic Bank Berhad, as the case may be, being the licensed financial institution granting the account/loan/financing product(s) referred to in the application form(s) completed by me/us.

FOR ALL PRODUCTS:

- I/We declare that the information furnished in this application form and in the application form(s) completed by me/us in relation to the account/loan/financing product(s) applied for by me/us are true, accurate and complete. I/We have not withheld any information which may prejudice my application or have a bearing on the Bank’s decision.
- The application forms remain the Bank’s property regardless of whether the facility/account is approved and the Bank reserves the right to reject the application(s) at its sole discretion without any reasons whatsoever.
- I/We have not committed any act of bankruptcy and/or been adjudged a bankrupt.
- I/We confirm that the Bank is authorized to verify and/or make any checks and/or obtain any information and/or confirmation at any time now and/or in the future, with or from any source, previous, current and future employers and/or any credit reference/reporting agencies, including but not limited to CCRIS, CTOS, FIS and/or any other agencies and/or from any financial institution and to provide to such aforesaid party(s) with the required information requested to enable the Bank to ascertain my/our status for the consideration of the application(s) and thereafter if the application(s) is approved for the purposes of grant and/or continued maintenance of the facility/account; and/or recovery of debts owing under the facility/account; and/or any purpose related to or in connection with the facility/account applied for; and/or for any other purpose that is required or permitted by any law, regulations, guidelines and/or relevant regulatory authorities.
- Anti-Money Laundering (AMLA) - I/We assure the Bank that I/we will exercise due care not to facilitate funds from proceeds of any unlawful activity to be channeled through my/our account(s) with the Bank and undertake to provide the Bank with all relevant information and documents, as and when requested, for purposes of my/our identification and/or verification of the source of my/our funds or purpose of transaction under the “Know Your Client” principle.
- Subject to the provisions below which (i) prohibit disclosure of information to Group Companies if objected to by me/us; and (ii) require my/our express consent for disclosure of information to third parties for the stated purposes, I/We hereby agree and authorise the Bank to disclose to any of its agents, service providers, auditors, legal counsel, professional advisors, security providers and guarantors in or outside Malaysia and to companies within the group of the Bank as well as companies within the group of CIMB Group Holdings Berhad, the Bank’s ultimate holding company (“the Group Companies”) whether such Group Companies are residing, situated, carrying on business, incorporated or constituted within or outside Malaysia any information relating to me/us, my/our affairs and/or any accounts maintained by me/us with the Bank for facilitating the business, operations, facilities and services of or granted or provided by the Bank and/or the Group Companies to their customers.

Disclosure to Group Companies shall be for facilitating the operations, businesses, cross-selling and other purposes of the Bank and/or the Group Companies provided always that **disclosure for cross selling purposes shall not be effected if such disclosure is objected by me/us** by contacting the Bank at the following telephone number or address (which may be changed by the Bank from time to time by notice to me/us): Tel No.: +603 6204 7788. Further, where the Bank intends to share my/our information (excluding information relating to my/our affairs or account) with third parties for strategic alliances, marketing and promotional purposes,

- I/We hereby give my/our consent to the above disclosure to third parties.
 I/We do not consent to the giving of the above disclosure to third parties.

7. Taxes

I/We am/are aware that the facility/account may be subject to taxes (including but not limited to indirect taxes or withholding taxes), where applicable, as may be imposed by the Government of Malaysia or by any other government in any jurisdiction and I/we hereby further agree that I/we shall be liable for any taxes payable in connection with or arising out of facility/account and I/we hereby authorized the Bank to debit my/our account with the Bank for the same.

8. Declaration On Foreign Account Tax Compliance Act (FATCA)

	Principal Applicant	Joint Applicant/Supplementary Card Applicant/Guarantor/Registered Owner (where applicable)	Joint Applicant/Supplementary Card Applicant/Guarantor/Registered Owner (where applicable)
Please select Yes or No for each of the following questions			
1. Are you a U.S. Resident? (including a current work permit)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>
2. Are you a U.S. Citizen or a Citizen of a U.S. Territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>
3. Do you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/>
Passport / ID No. (please include the 8-digit/letter U.S. VISA, where applicable)			

I/We hereby confirm the information provided in the table above is true, accurate and complete. Subject to the applicable local laws, I/we hereby consent for CIMB Group, its parent or ultimate holding company or any of its affiliates (including branches) (collectively known as “CIMB”) to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my/our tax liability in any/or the relevant jurisdiction. Where required by domestic or overseas regulators or tax authorities, I/we also understand and agree that CIMB may be required to obtain additional documents and/or forms, which I/we will sign, if I/we am/are subject to the relevant jurisdiction’s requirements. Where required by domestic or overseas regulators or tax authorities, I/we understand and agree that CIMB may withhold, and pay out, from my/our account(s) such amounts as may be required according to applicable laws, regulations, directives, and/or agreements with and/or from domestic or overseas governmental, supervisory or regulatory authorities. I/We also agree and undertake to notify CIMB (within 30 calendar days), or provide the information if requested by the Bank, if there is a change in any information which I/we have provided to CIMB.

9. Privacy Notice Acknowledgement

I/We hereby acknowledge that I/we have accessed and/or read the Privacy Notice issued by CIMB Group (which is available at all CIMB branches as well as at the CIMB website at www.cimbbank.com.my or www.cimbislamic.com.my or has otherwise been made available to me/us) and confirm my/our agreement to the same.

➤ DECLARATION/DISCLOSURE BY APPLICANT(S)/GUARANTOR... CONTINUE**

DECLARATIONS FOR FINANCING PRODUCTS: FOR AMANAH SAHAM BUMIPUTERA FINANCING, TERM FINANCING-i SECURED BY ASB CERTIFICATE, AUTO FINANCING, CASH PLUS PERSONAL LOAN/XPRESS CASH FINANCING-i, CREDIT CARD/CREDIT CARD-i, PROPERTY FINANCING PRODUCT(S)

- I/We also acknowledge that it is a requirement by Bank Negara Malaysia (“BNM”) that all information relating to the application(s), whether successful or otherwise must be updated and/or transmitted to the Central Credit Reference Information System (“CCRIS”), a database maintained by BNM.
- I/We declare that I/we have received, read and understood the Bank’s Rule and/or Terms and Conditions governing the operation and/or conduct of the facility/account, and agree to comply with and be bound by the same and any amendments to the same which the Bank may subsequently introduce from time to time upon giving adequate prior notice to me/us.
- I/We declare that I/we have/do not have outstanding debt payment obligation from non-banks (e.g. cooperative building societies, credit companies and merchants that provide credit sales). Particulars of the main applicant’s outstanding debt payment obligation are as follows (no declaration from the main applicant denotes that this declaration is not applicable) :

No.	Name of Entity	Amount of Outstanding Debt (RM)	Monthly Instalment Amount (RM)
1			
2			

Particulars of the joint-applicant’s/guarantor (if applicable) outstanding debt payment obligation are as follows (no declaration from the joint-applicant/guarantor denotes that this declaration is not applicable):

No.	Name of Entity	Amount of Outstanding Debt (RM)	Monthly Instalment Amount (RM)
1			
2			

- In connection with the Bank Negara Guidelines on Credit Transactions and Exposures with Connected parties, I/we hereby declare that (no declaration from the applicant(s) denotes that this declaration is not applicable):

- I am a staff of the CIMB Group¹;
 To the best of my knowledge, I have close relative(s)² employed under the CIMB Group or who have acted as my guarantor.

Particulars of my close relatives in CIMB Group and whether they have acted as my guarantor:

Name	I/C / Passport No.	Relationship	Acted As Guarantor (Indicate Yes or No)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ CIMB Group means CIMB Bank Berhad or CIMB Islamic Bank Berhad or CIMB Investment Bank Berhad or other subsidiaries or companies controlled by the aforesaid respective banking institutions.

² Close relative(s) include parents/ spouse of staff including the spouse’s dependents/children/spouse of the children/brother and sister/spouse of brother/sister and any other dependents or persons who may influence/ be influenced by the staff.

PRODUCT SPECIFIC DECLARATIONS FOR CREDIT CARD/CREDIT CARD-i

I/We hereby request the Bank to issue, upon approval of this application, the credit card/credit card-i(s) which I/we have indicated. I/We acknowledge that the credit card(s) issued to me/us shall be subject to the Bank’s Cardholder Terms and Conditions (“Cardmember Agreement”) which is available in the Bank’s website at www.cimbbank.com.my or www.cimbislamic.com.my, and I/we further agree to be bound by the terms and conditions set forth in the Cardmember Agreement upon activation of the credit card(s). I, the Principal Applicant further agree to accept joint and several liability for all amounts incurred arising from the use of the Principal and/or Supplementary credit card/credit card-i(s) issued pursuant to this application or at any time thereafter at my and/or the Supplementary Applicant’s request. I/We further understand that the Bank shall not hold the Supplementary Applicant jointly and severally liable for the debts or amounts incurred by the Principal Applicant or other Supplementary Applicant(s). I/We understand that the credit card(s) when issued shall at all times remain the property of the Bank and must be duly returned upon request by the Bank. I/We further agree to accept liability for all amount incurred arising from the use of my/our credit card(s) issued pursuant to this application or at any time thereafter at my/our request. I/We hereby confirm having read, understood and retained a copy of the product disclosure sheet containing key information relating to my application for the credit card(s). I/We agree to be bound by the Bank’s Terms and Conditions for E-Mail Statement Delivery available at the Bank’s website – www.cimbbank.com.my/www.cimbislamic.com.my in respect of all my/our statements requested to be sent to me/us by e-mail. Where I/we have a CIMB Clicks Internet banking (“CLICKS”) and have requested to view all my/our CIMB Bank/CIMB Islamic facility/account statement via CLICKS. I/We agree to be subject to the Terms and Conditions for e-statement accessed via CIMB Clicks published on CIMB Bank/CIMB Islamic Bank website. I/We agree that I/we will not receive hardcopy Statements nor will I/we receive Statement(s) via E-mail.

CIMB Touch ‘n Go Zing CARD ‘DECLARATION’ SECTION

In addition to the declaration where I have confirmed that any credit card issued to me shall be subject to the Bank’s Cardholder Agreement, I also agree to abide by the terms and conditions of the Touch ‘n Go Zing Card (hereinafter collectively referred to as “the Card”) and any other terms and conditions imposed by Touch ‘n Go Sdn. Bhd. (hereinafter referred to as “TNGSB”) and/or the Bank from time to time in respect of the use of the Touch ‘n Go features of the Card. I am aware the Card has an automatic reload amount of RM100, RM200 or RM300 and that the automatic reload fee of RM1.50 is payable. I confirm and irrevocably authorize the Bank to debit my Credit Card account, as the case may be, for each reload and automatic reload fee (where chargeable) whenever the account balance drops to RM50 and below. A RM10.00 fee is also chargeable for new Card replacements. By signing and/or using the Card I agree to be bound by the terms and conditions imposed by the Card and other variations or amendments thereof. I understand that the Zing Card remains the property of TNGSB and must be returned to TNGSB upon request.

PRODUCT SPECIFIC DECLARATIONS FOR SAVINGS ACCOUNT/SAVINGS ACCOUNT-i, CURRENT ACCOUNT/CURRENT ACCOUNT-i, TERM DEPOSIT/TERM DEPOSIT-i

- I/We confirm having read, understood and retained a copy of the Terms and Conditions in respect of ATM and Debit Card (where debit card is applicable)/Phone Banking and agree to be bound by them.
- I/We acknowledge and agree the Bank reserves the right to close my/our account at its absolute discretion if my/our account does not comply with the Bank’s requirements.
- For Current Account/Current Account-i, I/We declare that no account(s) in my/our name(s) has/have been previously reported to the Dishonoured Cheque Information System of Bank Negara Malaysia.
- For Joint Account - The joint account shall be operated by anyone of us, including any deposit, withdrawal or closure, unless specified otherwise. Any one of us is authorised to deposit any instruments for payments of money payable to the individual orders of any of us without the personal endorsement of the payee. In the event of the death of either/any of us, the Bank is authorised to pay any credit balance of the account to the survivor(s) subject to compliance (if required) with the relevant statutory legislation, the Bank’s internal policy and/or in the case of an account opened with CIMB Islamic Bank Berhad, Shariah principle.
- I/We confirm that my/our personal account shall only be used for my/our personal non-business purposes (such as savings, investment, education and personal or living expenses). I/We undertake to open, maintain or establish a separate business or non-personal account for business, association, society, or trading purposes.
- (a) Where the application is with CIMB Bank Berhad (Authorisation to CIMB Islamic Bank Berhad to Debit Account) To CIMB Islamic Bank Berhad I/We acknowledge and agree that CIMB Islamic Bank Berhad shall be entitled to debit or cause to be debited any of my/our accounts maintained with CIMB Islamic Bank Berhad, for any charges payable to it and in addition, I/we authorise CIMB Islamic Bank Berhad to debit any of my/our accounts held with CIMB Islamic Bank Berhad upon instructions from CIMB Bank Berhad and remit the moneys to CIMB Bank Berhad for the payment of fees and charges in relation to any account(s) and/or banking products and/or services and/or facilities granted by the CIMB Bank Berhad to me/us.
 (b) Where the application is with CIMB Islamic Bank Berhad (Authorisation to CIMB Bank Berhad to Debit Account) To CIMB Bank Berhad I/We acknowledge and agree that CIMB Bank Berhad shall be entitled to debit or cause to be debited any of my/our accounts maintained with CIMB Bank Berhad, for any charges payable to it and in addition, I/we authorise CIMB Bank Berhad to debit any of my/our accounts held with CIMB Bank Berhad upon instructions from CIMB Islamic Bank Berhad and remit the moneys to CIMB Islamic Bank Berhad for the payment of fees and charges in relation to any account(s) and/or banking products and/or services and/or facilities granted by the CIMB Islamic Bank Berhad to me/us.

APPOINTMENT OF CIMB ISLAMIC BANK AS AGENT (APPLICABLE ONLY FOR SAVINGS ACCOUNT-i, CURRENT ACCOUNT-i & TERM DEPOSIT-i)

For Savings Account-i, Current Account-i and Term Deposit Account-i (collectively referred to as “the Accounts”) under the Tawarruq concept, I/we hereby appoint CIMB Islamic Bank to act as my/our agent to negotiate, execute and do all acts for the sale and purchase of the Commodity in accordance with the applicable Terms and Conditions (“Terms and Conditions”) of the Accounts. The agency shall commence from the date the Accounts is opened until the closure of the Accounts either by me/us or by the Bank in accordance with the applicable Terms and Conditions of the Accounts.

➤ DECLARATION/DISCLOSURE BY APPLICANT/GUARANTOR

These declaration shall apply to CIMB Bank Berhad (“the Bank”), being the licensed financial institution granting the Amanah Saham Bumiputera Financing referred to in the application form(s).

Group Amanah Saham Assurance (“GASA”) (Optional)

(Please tick (✓) to confirm your application for GASA and your acknowledgement and agreement to the declarations hereunder which includes your irrevocable authorization to the termination of GASA insurance coverage in the circumstances stated therein. Please read the ‘Important Notice to Applicant for GASA’ before confirming your application for GASA.)

Main Applicant

(Name)	(I/C No.)
--------	-----------

Joint Applicant

(Name)	(I/C No.)
--------	-----------

Yes, I/We wish to apply for Group Amanah Saham Assurance (GASA) which is a life insurance plan offered, underwritten and issued by Sun Life Malaysia Assurance Berhad (“Sun Life Malaysia”), licensed under the Financial Service Act 2013 and regulated by Bank Negara Malaysia. The benefits of GASA applied for shall not take effect unless and until this application is approved by Sun Life Malaysia and the premium is received in full by Sun Life Malaysia during my/our lifetime.

I/We am/are satisfied with the explanation given to me/us on the GASA and acknowledge and confirm that I/we have read and fully understood and agree to be bound by the terms and conditions of the Master Contract for GASA and the information, benefits and exclusions under GASA which are summarised but not exhaustive in the GASA Product Disclosure Sheet/Sales Illustration. I/We hereby consent to the Bank disclosing the information contained in this application form to Sun Life Malaysia which will then consider my/our application to enroll me/us as their GASA life assured. If approved, then a Certificate of Insurance will be issued by Sun Life Malaysia and shall be sent by Sun Life Malaysia to me/us upon my/our enrollment as a GASA life assured.

I/We acknowledge and agree that in the event the Facility is recalled, cancelled, withdrawn and/or suspended by the Bank in accordance with the terms and conditions governing the Facility (“the Termination of Facility”), I/we hereby irrevocably authorize the Bank:

- 1) to notify Sun Life Malaysia of the Termination of Facility wherein my/our Certificate of Insurance will end and my/our GASA insurance coverage will terminate with immediate effect;
- 2) to claim and receive the applicable cash value of the Certificate of Insurance from Sun Life Malaysia towards payment of the outstanding amount payable by me/us to the Bank under the Facility;
- 3) to pay to me/us the balance of any cash value after the set-off of such outstanding amounts due to the Bank (if any); and
- 4) to convey to Sun Life Malaysia my/our authorization herein and to give any notice required on my/our behalf.

Important notice to applicant for GASA :

- a) Please note that you are to disclose in this application form fully and accurately/correctly all the statements or information given by you; otherwise the Certificate of Insurance issued hereunder may be avoided, your claim denied or reduced, the terms of the certificate changed or varied or the certificate terminated. Please note that you must inform Sun Life Malaysia of any change to statement or information given by you in this application form if the change occurred after you have submitted the application but before the insurance coverage is provided.
- b) The GASA Product Disclosure Sheet is provided to you to summarize the benefits which are guaranteed and those which are not guaranteed and your duties as a life assured under the Certificate of Insurance issued hereunder.
- c) Proof of age is required prior to the payment of any benefit under the Certificate of Insurance.
- d) You may apply for GASA in this application form in the event that your cumulative aggregate GASA sum assured (inclusive of premium which is financed by the Bank) which is in force and taken up in the past three (3) years and the amount of GASA sum assured (inclusive of premium which is to be financed by the Bank) under your current application, does not exceed Ringgit Malaysia Four Hundred and Fifty Thousand (RM450,000) (“the Amount”). In the event the Amount is exceeded, please note that you will have to execute and complete a Sun Life Malaysia’s separate insurance proposal form to apply for GASA.
- e) In the event there is any shortfall between premium paid and actual premium required by Sun Life Malaysia, Sun Life Malaysia reserves the right to shorten the Policy Term based on the actual premium paid and this will be reflected in the Certificate of Insurance issued by Sun Life Malaysia and sent to you upon your enrollment as a GASA life assured.
- f) Please refer to the GASA Group Master Policy for the exact terms, conditions and exclusions. A copy of the Master Policy can be viewed and downloaded from Sun Life Malaysia’s official website at sunlifemalaysia.com
- g) Sun Life Malaysia being the licensed insurer and underwriter of GASA shall undertake the full insurance obligations under the GASA. The Bank merely acts as a Distributor and is not responsible in any way for the GASA. The GASA is not a Bank product and therefore not an obligation of nor guaranteed by the Bank.
- h) The coverage under GASA shall not take effect until Sun Life Malaysia has processed and approved your application
- i) Sun Life Malaysia reserves the right to reject your application and the Bank is entitled to give full refund of premium to you without any interest in the event the application is rejected by Sun Life Malaysia and you shall not have any claim whatsoever against the Bank.
- j) You are obliged to accept the refund of premium from the Bank and not to insist on the GASA cover in the event that Sun Life Malaysia has rejected your application.
- k) In the event that you have requested the Bank for a GASA coverage in respect of the ASB Financing offered to you via this application but it is not for the full financing amount and/or not for the full tenure of the financing, by signing this application form, you confirm that you fully understand and agree to be bound by the consequential effects of the lesser and/or shorter period of GASA coverage and agree not to hold the Bank responsible in any manner whatsoever.
- l) In the event that you have requested the Bank for a waiver of GASA coverage in respect of the ASB Financing offered by the Bank to you via this application, by signing this application form you confirm that you fully understand and agree to be bound by the consequential effects of such waiver and absence of GASA and agree not to hold the Bank responsible in any manner whatsoever; and
- m) In the event that due to the inability on your part to satisfy the requirements imposed by Sun Life Malaysia Assurance Berhad for GASA coverage resulting in lesser or no GASA coverage in respect of the ASB Financing offered by the Bank to you via this application, by signing this application form you confirm that you fully understand and agree to be bound by the consequential effects of the lesser or absence of the GASA coverage have and agree not to hold the Bank responsible.

By signing below, I/we acknowledge and confirm making the declaration/disclosure appearing under the caption of ‘For All Products’ and ‘Declarations for Financing Products for Amanah Saham Bumiputera Financing’. I/We hereby authorise the Bank to check my/our ASB account or inquire on balance and available units to be purchased.

Main Applicant’s Signature

--

Full Name

--

NRIC no. / Passport no.

--

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Joint Applicant’s Signature

--

Full Name

--

NRIC no. / Passport no.

--

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

▶ AUTODEBIT INSTRUCTION

Note : To complete the account number if you wish to authorise the Bank to debit your/third party account with the Bank for the payment of the monthly instalment and/or interest and/or the outstanding amount due to the Bank under the Facility.

I hereby authorise the Bank to debit :

my/our Current Account* or Savings Account* (*Delete whichever not applicable)

No. :

third party** Current Account* or Savings Account* (*Delete whichever not applicable)

No. :

("the Account") with the Bank for the payment of the monthly instalment and/or interest and/or the outstanding amount due to the Bank under the Facility. I/We undertake to ensure that sufficient funds are kept in the Account to meet this payment.* Where the Account is a Current Account, I/we hereby understand and agree that it shall be my/our responsibility to ensure there is sufficient funds at all times in the Account to honour cheques deposited for payment. I/we further acknowledge and agree that the Bank will not be held liable for defamation and/or for breach of contract and/or for any losses, damages, expenses, costs or charges whatsoever which may be claimed against the Bank arising from remarks placed on the returned cheque(s) by the Bank and/or upon the grounds that cheque(s) issued under the Account was returned due to insufficient funds in the Account as a result of the Bank debiting the Account pursuant to my/our above authorisation.

** For Third Party Account only :

I hereby confirm giving consent to the Bank to debit my Current Account or Savings Account as detail above, to facilitate the payment of the Financing above and attached herewith a copy of my Identification Card (MyKad/Passport/Army/Police) for Bank's verification purpose.

Third Party's Signature

Full Name

NRIC no. / Passport no.

Date

▶ BANK USE ONLY

Bank Officer's/Authorised Representative's Signature

SLMA Authorised Representative's Signature

Full Name

Full Name

Staff ID

Staff ID

Date

Date

Branch Name

Branch Name

Branch Code

Branch Code

▶ SALES/REFERRAL DETAILS

LOAN PROCESSING DETAILS

Originating/Parking Branch

Branch Code

Salesperson Name

Salesperson ID

Referral's Name

Staff Referral ID

▶ APPENDIX

Interest Rate

Current BR

Documentation Fee