	Tuan Pengurus The Manager Maybank POLICY HOLDER I	NAME	SETEM HASIL REVENUE STAME	
			Tarikh	
PAYEE ACCOUNT NO)	PERMOHONAN UNTUK ARAHAN TETAP ARPLICATION FOR STANDING INSTRUCTION	Date :	
1	Nama Pemohon /	ARPLICATION FOR STANDING INSTRUCTION		
	Applicant's name:			
	Nombor Akaun / Account Number : (untuk di debit) / (to be debited)	*		
	Amaun Pembayaran /	RM.		
AMOUNT	Payment Amount :	Lain-Lain Mata Wang /		
		Other Currency		
		Amaun Dalam Perkataan / Amount In Words:		
	Kekerapan / Frequency:	Mingguan / Bulanan / Weekly Monthly	Suku Tahunan / Quarterly	
PAYMENT FREQUENCY	(Sila tandakan ✓ didalam kotak berkenaan) (Please mark ✓ in appropriate box)	Setengah Tahun / Tahunan / Yearly	Lain-Lain / Others	
	Tarikh / Date:	Berkuatkuasa: Tamat Tempoh: Effective: Termination:		-
	Cara Pembayaran / Payment Method:	Cek Bank / Draf Permintaan Bankers Cheque Demand Draft	perintah Pembayaran / Payment Order	
	(Sila tandakan ✓ didalam kotak berkenaan) (Please mark ✓ in appropriate box)	Pindahan Telegraf GIRO Antara Bank Telegraphic Transfer Interbank GIRO	Lain-Lain / Others	
	Bayaran Kepada / Payment To	da / Nama Bank/Syarikat Kewangan : Bank's Name/Finance Company's Name :		
	*(Isikan Maklumat jika Pembayaran Di Buat Selain Dari GIRO / Information Is Required If Mode Of Payment Is Other Than GIRO)	Alamat /: Address		38.
	Penerima / Beneficiary	Nama / : Name	—	MCIS INSURANCE BERHAD
	*(Isikan Maklumat jika Pembayaran Di Buat Selain Dari GIRO / Information Is Required If Mode Of Payment Is Other Than GIRO)	No. Akaun/Polisi/Nombor Ahli/KP/Paspot/No Rujuk Account Number/Policy/Membership No/IC/Passport/Ref. N		
	Catatan / Lain-Iain Butir Pembayaran (jika ada) Remark / Other Details (if any)			
	Maklumat berikut di perlukan sekiranya pembayaran di buat melalui GIRO Antara Bank The following information are required if payment is made via Inter Bank GIRO			
	Peneri	ma / Beneficiary	Bank Penerima / Bank of Benefi	ciary
	Nombor Akaun / Account No. Nama Penerima / Payee's Name		Nama Bank / Bank's Name :	A A SIGNA A A A SIGNA A SIGNA A A SIGNA A A A SIGNA A A A A A A A A A A A A A A A A A A
	Nombor KP/Pasport/Polisi/Nombor Ahli/Nom	nbor Rujukan	Bandar / Town :	MCIS MAYBANK ACCOUNT NO
	IC No./Passport/Policy/Membership/Reference Num		Balldal / Town .	
	* Potong Yang Mana Tidak Berkenaan / Delete which	hever not applicable		POLICY NO
	Saya/Kami bersetuju bahawa pihak Bank al permohonan ini. Sebagai balasan kepada usa menanggung rugi pihak Bank terhadap semua atau alami disebabkan oleh pelaksanaan pemb I/We agree that the Bank accepts this Standing Instendeavouring to facilitate the payments in respect of and demands which the Bank may incur or sustain b	ng borang anji untuk tanggung tion of your		
		Alaman T		
	Tandatangan Pemohon / Signature Of Applicant	Signature Int		
	No. Kad Pengenalan:			
	I/C Number			

 $*\,SETIAP\,PERUBAHAN\,DAN\,PEMBATALAN\,HENDAKLAH\,DIBERITAHU\,\underline{SATU}\,MINGGU\,SEBELUM\,TARIKH\,PEMBAYARAN.$

All alterations and cancellations should be notified <u>one</u> weeks before payment date.