MCIS INSURANCE BERHAD (435318-U)

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mcis LIFE
member of Sanlam group

GIRO FUND TRANSFER/RENTAS

Important: **WRITE IN BLOCK/PRINT CLEALY**

1. Please **indicate one (1)** preferred bank account.
2. Attach a **legible copy** of the cheque book cover / top portion of the bank statement / relevant page of the savings account book which clearly indicate that the below mentioned account number belongs to you / your company

Vendor/Payee Name : _____

Banker	Bank Code	Bank Account Number *(please ignore all dashed : '-')*
Affin Bank Berhad	ABB	(12)
Agro Bank/Bank Pertanian Malaysia Berhad	AGRO	(16)
Al Rajhi Banking & Investment Corporation (Malaysia) Berhad	ARB	(15)
AmBank (M) Berhad	AMBANK	(13)
Alliance Bank Malaysia Berhad	ABBHD	(15)
Bank Islam Malaysia Berhad	BIM	(14)
Bank Kerjasama Rakyat Malaysia Berhad	BKRM	(12)
Bank Muamalat Malaysia Berhad	BM	(14)
Bank Simpanan National	BSN	(16)
CIMB Bank Berhad	CIMB	(10)
Citibank Berhad	CBB	(10)
Deutsche Bank (Malaysia) Berhad	DBA	(10)
Hong Leong Bank Berhad	HLB	(11)
HSBC Bank Malaysia Berhad	HBMB	(12)
Kuwait Finance House (Malaysia) Berhad	KFH	(12)
Malaysia Banking Berhad	MBB	(12)
OCBC Bank (Malaysia) Berhad	OCBC	(10)
Public Bank Berhad	PUB	(10)
RHB Bank Berhad	RHB	(14)
Standard Chartered Bank Malaysia Berhad	SCB	(12)
United Oversea Bank (Malaysia) Bhd	UOBM	(10)

Payment advice can be emailed to: - _____

We hereby request that payment(s) due to me/us by MCIS Insurance Berhad (here in after called "MCIS ") be paid to my/our bank account stated above by way of Giro Fund Transfer/Rentas and confirm that:-

1. I/We consent to MCIS releasing the above data to its banker(s) in order to facilitate payment(s) to me/us by way of Giro Fund Transfer/Rentas.
2. All information provide herein are correct and accurate.
3. My/Our request herein shall be irrevocable without the consent of MCIS. MCIS may at any time in its absolute discretion effect payment(s) to me/us by other mode(s).
4. I/We shall keep MCIS and its banker(s) indemnified against any loss and/or damage howsoever arising from any matters in relation to Giro Fund Transfer/Rentas requested by me/us here in including but not limited to error/mis-description in information furnished, delayed payment(s) and any other circumstances beyond MCIS Insurance Berhad and its banker(s) control.

Authorised Signatory(ies)

Company Stamp

Name :

NRIC No. (individual) :
(as per Bank record)

Designation :

Business Reg. No. (non-individual) :
(as per Bank record)

For office use

Finance Department

Please map the above details to the following client code(s)