



Financial Process Exchange
COLLECTION APPLICATION FORM



IMPORTANT NOTE: ALL FIELDS ARE MANDATORY TO BE FILLED IN UNLESS OTHERWISE STATED. ONLY FULLY COMPLETED FORMS WILL BE PROCESSED BY FPX GATEWAY SDN. BHD.

Part 1: FOR ACCOUNT HOLDER'S COMPLETION

1. Bank Name :

2. Saving /Current Account No. :

3. Name of Payee Corporation : Takaful Ikhlas Family Berhad

4. Purpose of Payment :

Payment Details :

5. Maximum amount to debit per transaction RM

6. No. of frequency times Daily Weekly Monthly Yearly (Please check one only)

7. Commencement Date :

Declaration :

- a. I/We hereby authorize you to debit my /our account for the above payment instruction (s) including the relevant transaction fees /charges not payable by the Corporation
b. This authorization will remain in force until terminated by your written notice sent to my /our address last known to you or upon receipt of my /our written revocation .
c. I/We hereby acknowledge that the information in this form will be disclosed or released to the corporation and corporation's ba nk for the purpose of FPX Collection payment
d. I/We hereby declare that all information provided is to the best of my / our knowledge true and correct
e. I/We hereby agree to be bound by the Terms and Conditions specified in this form
f. I/We hereby confirm that we have checked the accuracy and correctness of the details furnished in this application and are aware of the content and the scope of the services provided

8 (a). Account Holder 1: Name: IC No./Passport No ./ Business Registration No. : Tel: Fax: Email : Signature / Company Stamp : Date:

8 (b). Account Holder 2 (to be filled up if Joint Account): Name: IC No./Passport No ./ Business Registration No. : Tel: Fax: Email : Signature / Company Stamp : Date:

Part 2: FOR CORPORATION'S COMPLETION

9. Reference No. (must be unique) : (e.g. Policy No. / Membership No. / etc)

10. Seller ID : SE 00000145

11. Bank's Name : Bank Islam Malaysia Berhad

12. Prepared By (Name) : Signature :



Date:

Part 3: FOR CORPORATION'S BANK COMPLETION

13. Validated By : Signature : Date:

14. Authorized By : Signature : Date:

Part 4: FOR ACCOUNT HOLDER'S BANK COMPLETION

15. This application is hereby (please check one of the following) :

Approved

Rejected (please check any of the following) :

01 Signature/Thumbprint differ from Bank's record

03 Signature/Thumbprint incomplete/unclear

05 Account operated by different Account Holder

02 Invalid Account Number

04 Amendmen/s not countersigned by Account Holder

06 Others

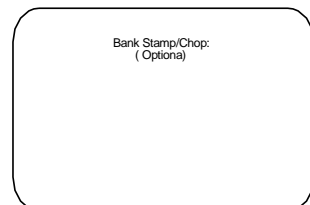
16. Validated By : 18. Authorized By :

Signature :

Signature :

Date:

Date:



Terms and Conditions:

1. In this terms and conditions:
 - a. the expression of "Account Holder" refers to the individual, sole proprietorship, partnership, company or entity name in the FPX Collection Application Form overleaf who applies for Direct Debit Service.
 - b. the expression of "Bank" refers to the Account Holder's bank.
 - c. the expression of "Direct Debit Service (DDS)" refers to direct debit payments whereby an Account Holder account is debited once the payment instruction from the Corporation is received.
 - d. the expression of "FPX" refers to Financial Process Exchange.
 - e. the expression of "Corporation" refers to private corporation, public corporation and government that subscribe to the FPX services.
2. An Account Holder must duly complete and sign on the form before submitting the form to the Corporation.
3. An authorized FPX transaction does not include any fraudulent intent by the Account Holder or any person acting on behalf of the Account Holder.
4. My/Our first payment to the Corporation shall commence only upon receipt of the first payment instruction from the Corporation subject to the application being accepted and approved by the Bank and the Corporation.
5. I/We shall settle any outstanding billing under the billing of this collection payment/deduction instruction directly with the Corporation until the DDS is effected.
6. Should the registered subscriber be someone other than myself/ourselves, the Bank shall not be required to enquire whether the registered subscriber's name in the Corporation's record is the same as that stated by me/us on this form.
7. I/We undertake to ensure that sufficient funds are kept in my/our account to meet the above authorization and payment. The Bank is under no obligation to affect the DDS if there are insufficient funds in my/our account to meet the above authorization. If my/our account is overdrawn, I/we shall on demand by the Bank make good any amount overdrawn plus any interest payable thereon.
8. Where there is sufficient available funds in my/our account, but the same is insufficient to pay on all the debit instructions, the Bank may in its absolute discretion elect not to make any payments on all debit instructions, and/or to determine the order of priority of payment of any debit instruction as the Bank deems fit, in which event I/we shall be responsible to pay the Corporation directly. The Bank is under no obligation to notify me/us of any debit instructions rejected due to any reasons whatsoever. I/We request and authorize the Bank to re-attempt to debit the amount due from my/our account on any other date(s) subject to further instruction(s) from the Corporation.
9. The Bank shall not be held responsible or liable to me/us for any claims, loss, damages, cost and expenses (including consequential, incidental general, special and indirect loss or damage or claims made on me/us or by any third party) arising from the successful or unsuccessful debit instruction due to any reason whatsoever and wrongful debit of account due to inaccurate information provided by me/us or the Corporation and other factors beyond the control of the Bank. Under such circumstances, I/we shall seek recourse or resolve the payment directly with the Corporation.
10. The Bank may at its absolute discretion terminate this application and authorization for future payments at any time by notice in writing to me/us or without notice at any time after advised by the abovementioned Corporation that no further payment is required, or without assigning any reason therefore.
11. This application and authorization for payment will remain effective for the protection of the Bank in respect of payments made in good faith notwithstanding my/our death or bankruptcy or dissolution or winding up the revocation of this request and authorization for payment by any other means until further notice of my/our death or bankruptcy or such revocation is received by the Bank. The notice of termination by me/us or from the Bank shall not affect those bill(s) or charges incurred by me/us prior to the date of termination.
12. The Bank reserves the right at its absolute discretion to levy a service charge for each successful DDS transaction by debiting my/our account. I/We further understand that the Bank is entitled from time to time to vary such charges or impose other charges as deemed appropriate for providing the DDS without prior notice to me/us.
13. I/We must notify the Bank and the Corporation by giving 21 days notice of the termination of the DDS by me/us or changes in my/our account number and/or the Billing Account Number. In any event, such notice will only take effect on the date of receipt by the Bank. Any notice sent by the Bank to my/our last registered address with the Bank is deemed to have been received by me/us.
14. Instruction amount which exceed the limit specified in my/our authorization shall be rejected by the Bank, in which event I/we shall be responsible for paying the Corporation directly. In this respect, I/we authorize the Bank to release details of my/our account to the Corporation, and to obtain details of any payment(s) due from me/us from the Corporation. I/We further consent to such disclosure and declare that the Bank shall be under no liability for disclosing such information.
15. The Bank reserves the right at any time:
 - 15.1 without prior notice to discontinue, interrupt, withdraw or suspend this DDS in whole or in part as the Bank deems fit and without assigning any reason whatsoever, and the Bank shall not be held liable for any loss or damage which may be suffered by me/us or any other third party registered under the DDS as a result of such action by the Bank.
 - 15.2 to vary, add, delete or amend any of the above conditions without notice. Such amendments shall become effective on such date as the Bank may elect to adopt and the continued use of the DDS by me/us shall constitute acceptance of the said amendments.
16. Notwithstanding the above conditions of the DDS, I/we shall be bound by the Bank's conditions governing the operations of my/our account stated above which shall be construed in accordance with the Laws of Malaysia.
17. In consideration of the Bank agreeing to provide the DDS, I/we hereby undertake to indemnify and hold the Bank harmless and indemnified against all actions, proceedings, claims, damage, cost, expenses, demands and losses which the Bank may incur or sustain by reason of the Bank carrying out the above request and authorization by me/us, whatsoever arising from the DDS and/or arising from errors or omissions on my/our part and/or the Corporation.
18. The Bank may request additional information prior to approving the application and I/we shall furnish the requested information to the effect.