Registration Form

# E-Payment

TOKIO MARINE
INSURANCE GROUP

## Section A: Personal Details

Account Holder Name: _____

Account Holder Address: _____

Business Registration No. (Non-individual): _____

NRIC No./ID No./Passport No. (Individual): _____

Telephone No: _____

Handphone No: _____

Contact Person 1: _____

Email: _____

Contact Person 2: _____

Email: _____

Bank Name _____

Bank Code _____

Bank Account Number (please ignore all dashes: '-')

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Account Type ☐ Current Account ☐ Saving Account

Other Info ☐ Individual Account ☐ Joint Account

☐ Others
*(Support With Relevant Documents)*

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*NRIC No./ID No./Passport No. (individual) for the 1st name*

## Section B: Declaration

I/We hereby authorize Tokio Marine Insurans (Malaysia) Berhad (TMIM) to credit all monies due to me/us to my/our bank account indicated above by way of Giro Fund Transfer/Rentas and confirm that:

1. I/We hereby declare that the above is my personal account/our company account, and the information given is true and accurate to the best of my/our knowledge and record and I confirm that the account number written under this E-payment form is correct.
2. I/We shall indemnify TMIM for any loss, damage or claims incurred in whatsoever manner as a consequence of acting on such instruction.
3. I/We hereby give my consent to TMIM to disclose my Personal Data to TMIM's service providers and/or financial institutions for the purpose of effecting and administrating the electronic payments (Personal Data includes name, personal identification number, contact details and any other details not specifically mentioned herein).
4. I/We understand that the supply of my Personal Data herein is voluntary and it is necessary for TMIM to process my Personal Data for effecting and administrating the electronic payments to me.

**Notice:**

Any future changes on the customer personal data, customer are required to write-in to us on the changes. Therefore, kindly provide the email address for the customer to notify the Person In Charge (PIC) to change his/her personal details and email to "letusknow@tokiomarine.com.my".

**Authorised Signatory**

Name:

Position:

Date:

***Company/Agency Signatory & Stamp**

**Select where applicable*

## FOR OFFICE USE ONLY

**To be completed by relevant department:**

Client Code: _____ Date: _____ (D D M M Y Y Y Y)

Requestor's Name & Signature/Stamp: _____

Requestor's Reporting Supervisor Name & Signature/Stamp: _____

Date received: _____ (D D M M Y Y Y Y)

Created by: _____ Date: _____

Verified by: _____ Date: _____

* Mandatory to proceed with payment processing on change request: This must be verified with a follow-up call with Payee / Counterpart with Contact details provided

*Call-Back Verification Date _____ (D D M M Y Y Y Y)

* Verified by payee/counterpart on record with TMIM ☐ Yes ☐ No *Supported with email confirmation on call-back verification*

*Verifier Name & Signature _____

* Reporting Supervisor/HOD Name & Signature _____

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A member of the Tokio Marine Group