E-PAYMENT REGISTRATION FORM

☐ Allianz Malaysia Berhad
☐ Allianz Life Insurance Malaysia Berhad
☐ Allianz General Insurance Company (Malaysia) Berhad

☐ New Registration

☐ Change of Details (*Please indicate profile code _____)
*to be filled up by Allianz Department / Branch

PART 1 BENEFICIARY DETAILS

Individual/Company Name

NRIC No | SST No.

SST Registration Date | SST De-Registration Date

Co. Registration No. : New | Old
New & Old

Tax Identification Number ("TIN")

Address

Postcode | City

State | Country

Telephone No | Mobile No

E-mail Address

Person in-charge | Person in-charge Tel No

PART 2 BENEFICIARY BANKING DETAILS

Name of Bank

Bank Address

Bank Account No

Type of Account ☐ Saving ☐ Current ☐ Others, Please Specify

ID captured when open bank account* ☐ NRIC No ☐ Co. Registration No ☐ Others, Please Specify
*for bank verification
New ☐ Old ☐

Swift Code – If applicable | IBAN Code –If applicable

Notes:
1. This facility allows payment to be credited into the above mentioned account only.

2. All relevant fields must be completed and appropriately marked ✓ where applicable. You may type or handwrite your details.
   Please attach the following: -
   (i) copy of NRIC or Passport or Business Registration Form (latest) whichever is applicable; and
   (ii) 1st page of (a) your bank statement; or (b) your bank saving book showing the account name and account number; (c) details of your bank account obtained from your bank's website that has been certified by your bank; or (d) letter from your bank confirming your bank account details.
   (iii) copy of the approval letter from Customs on your SST registration number and effective date of SST registration (if applicable).

3. Please be reminded that Tax Identification Number ("TIN") is **mandatory** to enable us to comply with the Income Tax Act 1967. This requirement is mandatory for us to issue self-billed e-invoice on claims, compensation or benefit payments. Failure to provide your TIN may affect the processing of claims, compensation or benefit payments to you.

PART 3 DECLARATION

I / We hereby declare that all information provided above and any supporting documents attached are true, accurate and complete to the best of my / our knowledge and records and I / We understand that the Company and/or Companies, believing them to be such, will rely and act on them. I / We shall indemnify the Company and/or Companies against any loss, damage or claim incurred as a consequence of acting on such reliance. I / We agree to notify the Company and/or Companies of any changes to the above (in Part 1 and/or 2). Where I am submitting this Form as an individual, I give my consent to the Company to collect, use, disclose, transfer, share or otherwise process my Personal Data provided for the purposes stipulated in the Privacy Notice provided to me.

Signature		Company Stamp	
Name		Date	

PART 4 FOR OFFICE USE ONLY

Department / Branch			
Payment Purpose			
Verified By (Name)		Approved By (Name)	
Signature & Date		Signature & Date	

Head Office : Level 29, Menara Allianz Sentral, 203, Jalan Tun Sambanthan, Kuala Lumpur Sentral, 50470 Kuala Lumpur
Tel : 603 2264 1188 / 603-2264 0688
Fax : 603 2264 1199
Customer Service Centre : Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.
Toll Free : 1 300 22 5542
Website : allianz.com.my
Email : customer.service@allianz.com.my