

Important

1. By signing this form, you confirm that you have read, understood and agree to the authorisations and declarations printed overleaf.
2. This Direct Credit facility is only available for direct credit to accounts maintained in banks participating in the Interbank Giro (IBG) payment system in Malaysia. In relation to a Payee* who is a minor, payments shall only be made to accounts maintained by the parent or lawful guardian.
3. This Direct Credit facility is not allowed for any joint bank accounts unless the Certificate Owner/Payee is the primary account holder.
4. We reserve the right to release payment by cheque in the event of (a) insufficient / invalid / incorrect information being provided in this Direct Credit facility form, (b) payment being made to joint Payees (e.g. joint administrators or joint executors), and / or (c) the failure of the transfer to the beneficiary bank for any reason whatsoever, (d) If the claim amount exceeds the maximum amount allowed by IBG transaction.
5. All further claims benefits payable for the same event will be credited into the account below, unless otherwise notified by the certificate owner.

Payee* refers to any person / company who is the person entitled to the Certificate monies, e.g. Certificate owner, Person Covered, beneficiary, assignee, trustee, Public Trustee / Amanah Raya, executor / executrix, administrator / administratrix.

Certificate No.	<input type="text"/>	
Name of Certificate Owner / Payee*	<input type="text"/>	
Name of Person Covered (applicable for claims if different from above)	<input type="text"/>	
NRIC No. / Passport No. / Company Registration No.	<input type="text"/>	* same as in Certificate and Bank Account
Beneficiary Bank	<input type="text"/>	
Bank Account Holder Full Name	<input type="text"/>	
Bank Account No.	<input type="text"/>	
Account Type	<input type="checkbox"/> Single Account <input type="checkbox"/> Joint Account <small>(Only allowed if Certificate Owner / Payee is the primary account holder)</small>	
Transaction Type	<input type="checkbox"/> Cash Benefit Payout <input type="checkbox"/> Surrender/Partial Withdrawal/Freelook <input type="checkbox"/> Maturity <input type="checkbox"/> Contribution Refund <input type="checkbox"/> Family Claims <input type="checkbox"/> Individual Health Claims <input type="checkbox"/> Others _____	
Email Address (mandatory)	<input type="text"/>	
Mobile (mandatory)	+ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<small>example: 012-345 6789 (Malaysia)</small>	<small>Country Code 6 0 1 2 3 4 5 6 7 8 9</small> <small>* The mobile and email address REQUIRED will be used for payment notification for the above certificate(s)</small>	

AUTHORISATION / DECLARATION

- I / We hereby:
1. Instruct the Takaful Operator to pay into my / our designated bank account ("Account") as stated overleaf all the amount payable to me / us arising from transactions effected through the above Certificate.
 2. Declare that the information provided by me / us as in this form are true and correct and undertake to immediately inform the Takaful Operator any change in the same. I further confirm that I am the Account holder and have full power and authority to operate the Account [in respect of a partnership or a body corporate]. We further confirm that the person signing this form is the authorised signatory for the Account, and have full power and authority to operate the Account.
 3. Understand that this standing instruction shall not take effect on any existing transactions that have already been executed and that the Takaful Operator has the right to reject this standing instruction in the event that it is found to be payable to a third party account.
 4. Agree that the Takaful Operator shall not be liable in the event that any payment transaction into my / our Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and / or for any other reason beyond the reasonable control of the Takaful Operator.
 5. Acknowledge and agree that the payment made into the Account shall be a valid discharge of the Takaful Operator's liability under the Certificate. I / We further agree that the Takaful Operator shall not be held liable for any damages, losses, claims, cost and / or expenses which I / we may incur as a result of such payments made into the Account in accordance with my / our instructions herein, including but not limited to the subsequent withdrawal of the Certificate monies from the Account by persons other than myself / ourselves, and agree to indemnify and to keep the Takaful Operator indemnified of any damages, losses, claims, cost and / or expenses incurred by the Takaful Operator in defending any claim arising from and / or in connection with payments made by the Takaful Operator into the Account in accordance with my / our instructions herein.

CSD-FDCFF-V13-082023-TAKAFUL

6. Agree to immediately refund to the Takaful Operator in full any monies paid into the Account which is paid in error or which I am / we are otherwise not entitled to receive.
7. Declare that I am not an undischarged bankrupt [*in respect of a partnership or a body corporate*]. We declare that no order has been made, petition filed or resolution passed for our winding up, dissolution or liquidation or for the appointment of a liquidator, receiver, custodian or trustee for all or any part of our property or assets or for an administration order against us.
8. Agree that this instruction shall continue to be in force until I / we expressly revoke the same by executing a new Direct Credit facility form to replace this Account with a new bank account. However, the Takaful Operator may in its absolute discretion terminate the Direct Credit service at anytime and without assigning any reason(s) therefor.
9. Agree that the personal data provided in this form may be recorded, used, disclosed, processed and stored by the Takaful Operator for the purposes relating to the payment of funds in accordance with my / our instructions herein, and for the purposes of compliance with any legal or regulatory requirements.
10. Consent that my personal information may be used, recorded, stored, disclosed or otherwise processed by or on behalf of the Takaful Operator (and its successors in title) to carry out takaful business.

PERSONAL DATA PROTECTION NOTICE

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at greateastertakaful.com.

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-13-8338, or write to the Takaful Operator at i-greatcare@greateastertakaful.com.

Signature of Payee* & Company Stamp (if applicable)

Name: _____

Date: _____

For Office Use:

Bank Code:

--	--	--	--	--	--	--

Branch Code:

--	--	--	--	--	--	--

Reject Reason:
