



Business Banking Services

Statutory Payments Registration Form

| Please complete the form in BLOCK I | LETTERS | | | | |
|---|--------------------------------|-------------------------------------|--|------------------------------|--|
| Part 1: BUSINESS PARTICULAR | | | | | |
| Registered Name | | | Account Nu | Account Number | |
| | | | | | |
| Contact Person | | | | | |
| Name Mobile No. | | | | | |
| Email (required for KWSP) | | | Office No. | | |
| Statutory Payments Particular | | γ | | | |
| | KWSP | SOCSO | LHDN | ZAKAT | |
| Employer Reference Number | | | E - | | |
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| Part 2: AGREEMENT | | | | | |
| Part 2: AGREEIVIENT | | | | | |
| Note: All references to "I/we" below sha | all mean the Company whose nan | ne first appears on the top of this | application form. | | |
| By signing this application, I/we here • Subscribe for the Services set out in | | ee that the Bank may reject the | application or any one of them without | t assigning any reason. I/We | |

- confirm that the information given in support of this application is true and accurate.
- Represent and warrant that I/we have obtained consent from my/our directors, shareholders, managers, partners, office bearers, offices, etc. to disclose their personal data to the Bank in connection with the application for this service and for the Bank to process their personal data in accordance with the Bank's Privacy policy posted at the Bank's official website at www.ocbc.com.mv.
- Irrevocably consent to and authorise the Bank, and i/we further represent and warrant that i/we have obtained consent from my/our directors, shareholders, managers, partners, office bearers, offices, etc. for the Bank to conduct credit check and verify information given to the Bank, with any party (including without limitation with any Credit Reporting Agencies "CRAs") and consent to the CRAs with whom the Bank conduct credit checks to disclose its credit report/information to the Bank for the purpose of this application and for the Bank's risk management and review. The Bank is hereby authorised but is under no obligation to convey our consent and the purpose of such disclosure to the relevant CRAs.
- Agree to abide and be bound by the Accounts and Services and Transaction Banking Services terms and conditions (available at all the Bank branches and at www.ocbc.com.my) which I/we have read and any amendments, supplements and additions thereto as may from time to time be made. The Bank shall be entitled to rely upon and act on the instructions of the Authorised Signatory(ies), the Authorised Person(s) and the Authorised User(s) until the Bank has actual notice of any changes in such authorisation and has had reasonable time to implement such changes.

| Signature [Authorised Person |] Signature [Authorised Person] | Signature [Authorised Person] |
|------------------------------|---------------------------------|-------------------------------|
| Name (as in NRIC) | Name (as in NRIC) | Name (as in NRIC) |
| Date | Date | Date |

| - FOR BANK USE ONLY - | | | | | | |
|-----------------------|-------------------|------------------------------|--|--|--|--|
| Attended by / date | Checked by / date | Signature verified by / date | | | | |
| CIF No. | Remarks | | | | | |
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