



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.

SAMPLE

Part 1: FOR ACCOUNT HOLDER'S COMPLETION

☆ - Mandatory fields

1. Bank Name: MAYBANK

2. Saving/Current Account No.: 01234567890

3. Name of Payee Corporation: OCBC-iQ Collection Account

4. Purpose of Payment: Payment

Payment Details:

5. Maximum amount to debit per transaction RM 2000 . 00

6. No. of frequency 20 times Daily Weekly Monthly Yearly (Please ✓ one only)

7. Commencement Date: 090609
D D M M Y Y

Bank you will be transferring funds from.

Account which you will be transferring funds from.

Fill in the amount you wish to transfer to your iQ Account every month.

Date in which collection will take effect. Subsequent collections will be carried out on the same date every month. Collection dates available: **02, 09, 16 and 25**. Please take note that your application may take up to one calendar month to be processed by your bank. You will be notified via SMS once processed.

Declaration:

- a. I/We hereby authorize you to debit my/our account for the above payment instruction(s) including...
- b. This authorization will remain in force until terminated by your written notice sent to my/our address last known to me/us.
- c. I/We hereby acknowledge that the information in this form will be disclosed or released to the corporation and corporation's agents.
- 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 consequences.

8 (a). Account Holder 1:

Name: FOO NUI GEEK

IC No./Passport No./ Business Registration No.: 750330145389

Tel: 019 - 876 5432 Fax: _____ (Optional)

Email: _____ (Optional)

Signature / Company Stamp: [Signature]
(Optional) (Account Holder Signature as per Bank's Record)

Date: 010609
D D M M Y Y

8 (b). Account Holder 2:

Name used to open the account which you will be transferring funds from.

Please ensure that the signature provided here is the same as the specimen signature with the bank where your funds will be transferred from.

Date of application.

Fill in your iQ Account number here.

Part 2: FOR CORPORATION'S COMPLETION

9. Reference No.: 7012061691
(must be unique) (e.g. Policy No. / Membership No. / etc)

10. Seller ID: SE00000576

11. Bank's Name: OCBC BANK (MALAYSIA) BERHAD

Corporation Logo / Stamp: (Optional)

12. Prepared By (Name): _____ Signature: _____ Date: _____
D D M M Y Y

Part 3: FOR CORPORATION'S BANK COMPLETION

13. Validated By: _____ Signature: _____ Date: _____
D D M M Y Y

14. Authorized By: _____ Signature: _____ Date: _____
D D M M Y Y

Part 4: FOR ACCOUNT HOLDER'S BANK COMPLETION

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

- Approved
- Rejected (please ✓ any of the following):
 - 01 Signature/Thumbprint differ from Bank's record
 - 02 Invalid Account Number
 - 03 Signature/Thumbprint incomplete/unclear
 - 04 Amendment/s not countersigned by Account Holder
 - 05 Account operated by different Account Holder
 - 06 Others

16. Validated By: _____ Signature: _____ Date: _____
D D M M Y Y

17. Authorized By: _____ Signature: _____ Date: _____
D D M M Y Y

Bank Stamp/Chop: (Optional)

TO BE COMPLETED BY BANK