



MPI Generali Insurans Berhad (14730-X)

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MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

E-Payment Authorisation Form

Note: The issuance of this form is to facilitate E-Payment for the amount due to you (if any) in respect of Commission / Claim(s) / Premium Refund / Invoice(s) or any other payment(s), where applicable.

Please tick (✓) accordingly: For New Registration For Change of 1) Beneficiary Details / 2) Beneficiary Banking Details

PART 1. Beneficiary Details

Name of Applicant/ Company	<input type="text"/>	Passport No./Others	<input type="text"/>
NRIC No.	<input type="text"/> - <input type="text"/> - <input type="text"/>	Co. Registration No.	<input type="text"/>
Address	<input type="text"/>		Postcode
Email Address (For Payment Notification)	<input type="text"/>		

PART 2. Beneficiary Banking Details *

Bank Code (Appendix A)	<input type="text"/>	Others (Specify)	<input type="text"/>
Address	<input type="text"/>		
Bank Account No.	<input type="text"/>	SWIFT Code	<input type="text"/>
IBAN Code (if applicable)	<input type="text"/>		

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

2) Please attach (i) Copy of NRIC / Passport / Business Registration Form whichever is applicable; and

(ii) 1st page of (a) bank statement; or (b) your bank saving book showing the account name and account number; or (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.

PART 3. Declaration

- I/We hereby affirm that all information provided herein is correct and accurate.
- I/We hereby agree that any of my/our personal information collected or held by MPI Generali Insurans Berhad in this E-Payment Authorisation Form is provided with my/our irrevocable consent for it to be held, processed, used and/or disclosed by MPI Generali Insurans Berhad to individuals or organizations associated with MPI Generali Insurans Berhad or any third party in order to facilitate the Commission / Claim(s) / Premium Refund / Invoice(s) or any other payment(s) due to me/us (if any) to be paid into my/our bank account stated above by way of Inter-bank Giro / RENTAS / Telegraphic Transfer. I/we acknowledge I/we have read, understood and agree to be bound by the terms of MPI Generali Insurans Berhad Privacy Policy which is available at mpigenerali.com
- I/We hereby agree that my/our personal information declared here can be used to update my/our contactable information in MPI Generali Insurans Berhad database or any third party to enable fulfilment of services required.
- I/We hereby request for the Commission / Claim(s) / Premium Refund / Invoice(s) or any other payment(s) due to me/us (if any) to be paid into my/our bank account stated above by way of Inter-bank Giro / RENTAS / Telegraphic Transfer and confirm that my/our request herein shall be irrevocable. Further, MPI Generali Insurans Berhad shall be authorised at any time in its absolute discretion to effect any payment(s) due to me/us by other mode(s).
- I/We shall keep MPI Generali Insurans Berhad and individuals or organizations associated with MPI Generali Insurans Berhad or any third party indemnified against any losses, claims and/or damages howsoever arising from and/or in connection to any matters in relation to this E-Payment application requested by me/us herein including but not limited to error / mis-description in information furnished, delayed payment(s) and any other circumstances beyond MPI Generali Insurans Berhad and individuals or organizations associated with MPI Generali Insurans Berhad or any third party's control.

Authorised Signatory (ies)

Company Stamp

Name: _____

Date: _____

Designation: _____

