



IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) *

ID Number (without '-' or '/') * New IC Passport Old IC Business Reg.

Saving, Current or Card Account No (without '-' or '/') *

Telephone Number Bank Abbreviation * (Refer to Guideline for abbreviation list)

E-Mail

Purpose of Payment * **I N V E S T M E N T W I T H M A N U L I F E**

Maximum amount to debit per transaction (RM)* - (Subject to maximum limit specified by the DD Operator)

Maximum frequency * 002 Daily Weekly Monthly Yearly

Effective Date * (DDMMYY) Expiry Date (DDMMYY)

Declaration:

- a. I/We hereby acknowledge that the information on this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of Direct Debit collection.
- b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
- c. I/We confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
- 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.
- f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
- g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp* Date* (DDMMYY)

Account Holder's Signatures as per Bank's record (For Joint Account - Signature as per Bank's signing condition)

FOR CORPORATION'S COMPLETION

Billor ID * **S E 0 0 0 0 0 4 8 7** Date* (DDMMYY)

Payment Reference No. (e.g. Policy No., etc.) (Must be unique) *

FOR ACCOUNT HOLDER'S COMPLETION

Manulife A/C Preferred SI Date (10th or 28th) T H Remark:

Fund(s) Code with Amount:

Work Item:

Time Stamp: