

PARTICULAR OF APPLICANT

Corporation's Name : **MOBILE MONEY INTERNATIONAL SDN BHD**

Applicant's Name : _____

New IC No : _____ Old IC/Passport No. : _____

Business Registration No : _____ Contact No : _____

Address : _____

Poscode : _____ State : _____

Account No : _____ Branch : _____

PARTICULAR OF PAYMENT

Purpose of Payment : **TOP UP**

Payment Reference No. 1 : _____ Effective Date : _____ (Month) _____ (Year)

Payment Reference No. 2 : _____ End Date : _____ (Month) _____ (Year)

Maximum Amount to Debit : _____ Unlimited

(In words)

No. of Frequency (Fill in numeric) : _____ Times Daily Weekly Monthly Quarterly Half Year Yearly Unlimited
 ✓ (The related frequency mode)

Declaration:

- a) I/We hereby authorize you to debit my/our account for the above payment instruction/s.
- b) The authorization will remain in forces until terminated by your written notice sent to/my address last known to you or upon receipt of my/our written revocation
- c) I/We hereby acknowledged that the information in this form will be disclosed or released to the corporation and the corporation' bank for the purpose of eCollection payment.
- d) I/We hereby declared that all information provided is to the best of my/our knowledge true and correct
- e) I/We hereby agreed and shall be bound the Terms and Conditions specified in the form.

Applicant Account Name : _____ Applicant Company Stamp/Signature : _____

Primary : _____ Primary : _____

Secondary : _____ Secondary : _____

Note:

- a) For corporate account, all authorised ignatories to sign and company rubber stamp required.
- b) All joint Account Holder are to sign

FOR CORPORATION'S COMPLETION

Company's Name : **MOBILE MONEY INTERNATIONAL SDN BHD**

Business Registration No : **6 7 0 7 6 6 - W**

Date : _____ (D D M M Y Y)

Company's Chop : _____ Authorised Signatory(s) : _____ (Authorised Signatory Name)

FOR BANK USE ONLY

This above signatures has been verified based on the:

- Company Board Resolution dated
- Signature Verification System (SVS)
- Signature Verified by the Home Branch (copy of branch verification attached)

Prepared by : _____ Signature Verified by : _____

Name : _____ Name : _____

PF No. : _____ PF No. : _____

Date : _____ (D D M M Y Y)

This application is hereby : (Please ✓ the following)

- Approved
- Rejected (Please ✓ the following)
 - Signature/Thumbprint differ from Bank's record
 - Signature/Thumbprint incomplete/unclear
 - Account operated by different signature
 - Wrong Account Number
 - Amendment/s not countersigned by applicant
 - Others _____

Prepared by : _____ Authorised by : _____

Name : _____ Name : _____

PF No. : _____ PF No. : _____

Date : _____ (D D M M Y Y)

Terms and Conditions:

1. In these terms and conditions:
 - a. The expression of "applicant" refers to the individual, sole proprietorship, partnership, company or entity name in the Maybank Direct Debit Authorisation form overleaf applying for Direct Debit Service.
 - b. The expression of "Bank" refers to Malayan Banking Berhad.
 - c. The expression of "Direct Debit Service DDS)" refers to direct debit payment whereby an applicant's account is debited once the payment instruction form the Payee is received.\
 - d. The expression of "Payee" refers to any private corporation, public corporation and government that subscribe to the DDS services.
2. An applicant must duly complete and sign on the form before submitting to the Payee.
3. An unauthorized DDS transaction does not include the fraudulent intent by the applicant or any person acting in the concert with the applicant, nor does apply to DDS transaction that were properly authorized but the goods or services received were not satisfactory to the applicant.
4. My/our first payment to the Payee shall commence only upon receipt of the first payment instruction from the Payee subject to the application being accepted and approved by the Bank and the Payee.
5. I/We shall settle all outstanding moneys under this Billing Account as itemized in the Maybank Direct Debit Authorisation form directly with the Payee until the Direct Debit Service (DDS) is effected.
6. Should the registered subscriber be someone other than myself/ourselves, the Bank shall not be required to enquire whether the registered subscriber's name in the Payee's record is the same as stated by me/us in the form.
7. The Bank reserves the right at its absolute discretion to levy an automatic service charge for each Direct Debit transaction attempt by debiting my/our account. I/We understand that is my/our responsibility to be informed of current charges that are imposed by the Bank. Currently, the service charge for each Direct Debit transaction attempt is RM0.50.
8. I/We undertake to ensure that sufficient funds are kept in my/our account to meet the above authorization and payment. The Bank is under no obligation to effect the DDS if there are insufficient funds in my/our account to meet the above authorization. If my/our account is overdrawn, I/we shall on demand by the Bank make good any amount overdrawn plus any penalty payable thereon. I/we understand that if there is an unsuccessful transaction due to insufficient fund in my/our account, I/we will continue to incur the automatic service charge impose by the Bank. It is therefore my/our responsibility that there are sufficient funds in my/our account to avoid incurring multiple service charges due to unsuccessful billing.
9. where there is sufficient available funds in my/our account, but the same is sufficient to pay on all the debit instructions, the Bank may in its absolute discretion elect not to make any payments on all debit instructions, and/or to determine the order of priority of payment of any debit instruction the Bank deems fit, in which event I/we shall be responsible to pay the Payee directly. The Bank is under no obligation to notify me/us of the debit instructions rejected due to whatsoever reasons. I/We request and authorise the Bank to re-attempt to debit the amount due from my/our account on any date(s) subject to further instruction(s) from the Payee.
10. The Bank shall not be held responsible or liable to me/us for any claims, loss, damages, cost and expenses (including consequential, incidental, general, special and indirect loss or damage or claims made on me/us or by third party) arising from the successful or unsuccessful debit instruction due to whatsoever reason and wrongful debit of account due to inaccurate information provided by me/us or the Payee and other factors beyond the reasonable control of the Bank. Under such circumstances, I/we shall seek recourse or resolve the payment directly with the Payee.
11. The Bank may at its absolute discretion terminate this request and authorization for future payments at any time by notice in writing to me/us or without notice at any time after advised by the abovementioned Payee that no further payment is required, or without assigning any reason therefore.
12. this request and authorization for payment will remain effective for the protection of the Bank in respect of payments made in good faith notwithstanding my/our death bankruptcy or dissolution or winding up revocation of this request and authorization for payment by any other means until further notice of my/our death or bankruptcy or such revocation is received by the Bank. The notice of termination by me/us or from the Bank shall not affect those bill(s) or charges incurred by me/us prior to the date of termination.
13. I/We must notify the Bank and the Payee by giving 21 days notice of termination of the DDS by me/us or charges in my/our account number and/or the Billing Account Number. In any event, such notice will only take effect on the date of receipt by the Bank. Any notice sent by the Bank to my/our last registered address with the Bank is deemed to have been received by me/us.
14. Instruction amount which exceeds the limit specified in my/our authorization shall be rejected by the Bank, in which I/we shall be responsible for paying the Payee directly. In this respect, I/we authorise the Bank to release details of my/our account to the Payee, and to obtain details of any payment(s) due from me/us from the Payee. I/We further consent to such disclosure and declare that the Bank shall be under no liability for disclosure and declare that the Bank shall be under no liability for disclosing such information.
15. The Bank reserves the right at any time:
 - 15.1 without prior notice to discontinue, interrupt, withdraw or suspend this DDS in whole or in part as the Bank deems fit and without assigning any reason whatsoever, and the Bank shall not be held liable for any lost or damage which may be suffered by me/us or any other third party registered under the DDS as a result of such action by the Bank.
 - 15.2 to vary, add, delete or amend any of the above conditions without notice. Such amendments shall become effective on such date as the Bank may elect to adopt, and the continued use the DDS by me/us shall constitute acceptance of the said amendments.
16. Notwithstanding the above conditions of the DDS, I/we shall be bound by the Bank's conditions governing the operations of my/our account stated above which shall be construed in accordance with the Laws of Malaysia.
17. In the consideration of the Bank agreeing to provide the DDS, I/we hereby undertake to indemnify and hold the Bank harmless and indemnified against all action, proceedings, claims, damage, cost, expenses, demands and losses which the Bank may incur or sustain by reason of the Bank carrying out the above request and authorization by me/us, whatsoever arising from the DDS and/or arising from errors on my/our part.
18. The Bank may request additional information prior to approving the application and the applicant shall furnish the requested information to that effect.