

APPLICATION FOR DIRECT CREDITING CLIENT MONIES INTO BANK ACCOUNT (ePayment)

To: **Inter-Pacific Securities Sdn Bhd**

I/We, the applicant hereby request and authorise Inter-Pacific Securities Sdn Bhd to credit all nett sales proceeds, contra gains and any other payments due to me/us after deducting all outstanding charges, contra losses and etc arising from transactions effected through my/our Trading Account into my/our bank account detailed as follows:

Name of Bank	:	<input type="checkbox"/>	RHB Bank Berhad	<input type="checkbox"/>	Maybank Berhad	<input type="checkbox"/>	Others, please specify																				

Account Name	:	_____																									
<i>(Please enclose a photocopy of the Applicant's Passbook/Latest Bank Statement for verification purposes)</i>																											
New I/C Number/Passport Number	:	_____																									
Old I/C Number	:	_____																									
Email Address	:	_____																									
Account Type	:	<input type="checkbox"/>	Saving Account	<input type="checkbox"/>	Current Account	<input type="checkbox"/>	Others, please specify																				

Account Number	:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																									
Branch Name	:	_____																									

In consideration of you agreeing to this request, I/we hereby:-

- (a) Undertake to indemnify/refund Inter-Pacific Securities Sdn Bhd (IPS) of any payments wrongly made to me/us or wrongly credited into the abovementioned bank account;
- (b) Authorise IPS to release all or any of the information furnished herein to your settlement bank(s) for the purpose of effecting my/our instruction for direct crediting facility.
- (c) Agree not to hold you responsible for any losses arising thereof and undertake to indemnify you at all times against all claims, losses or expenses incurred by you in connection with this instruction; and
- (d) Agree the above payment instruction shall remain in force until further notice by me/us in writing provided always that IPS shall be entitled to with or without prior written notice to me/us and at its sole and absolute discretion vary any of the mode or manner of payment to me/us.

I/We affirm that all information stated in this Application Form is true and correct.

 Signature of Applicant

Client Name : _____ Date : _____

Client Code : _____ Tel No. : _____

NB : Please ensure the name and Identity Card number provided to Inter-Pacific Securities Sdn Bhd is the same as given to designated/recipient bank.

FOR OFFICE USE ONLY	
Approved by : _____	Date : _____
Client's bank account number maintained at system:	Yes / No
Date Entry By : _____	Verified By : _____
Date : _____	Date : _____