INTER-PACIFIC SECURITIES SDN. BHD.

(12738-U)

A Participating Organisation of Bursa Malaysia Securities Berhad
A Trading Participant of Bursa Malaysia Derivatives Berhad

Date Received ☐☐ - ☐☐ - ☐☐☐☐

STANDING INSTRUCTION FOR PAYMENTS RECEIVED FROM THIRD PARTY

CLIENT'S DATA

Tradings Account No.

Client Name
(As per NRIC / Passport / Business Regist.)

NRIC / Passport No. / Regist. No.

Old NRIC No.

THIRD PARTY PAYER'S PARTICULARS

Thirt Party Payer's Name
(As per NRIC / Passport)

NRIC / Passport No.

Relationship of the Third Party Payer with Client

Specimen signature and concurrence of the Third Party Payer
(for verification purpose where applicable)

DECLARATION BY TRADING ACCOUNT HOLDER (CLIENT)

I / We hereby authorise the above third party payer to deposit into my / our Trading Account for my / our trading activities and settlement purpose until such time this authorisation is officially revoked by me / us. I /We further declare that the instruction does not constitute any form of money laundering and I / We do hereby undetake to indemnify and keep Inter-Pacific Securities Sdn Bhd ("IPS") fully indemnified against any losses, damages, debts, actions, claims, demands, costs, charges and expenses which IPS may sustain, incur and be liable as result or as a consequence of its action in accordance with my / our standing instruction herein. I / We shall inform IPS accordingly should there be any changes or updates to the third party's particulars that will have an effect on my / our standing instruction herein.

Signature of Client (Individual) /
Authorised Signatory (Corporate) _____ Date : _____

DECLARATION BY DEALER'S REPRESENTATIVE ("DR") / FUTURES BROKER'S REPRESENTATIVE ("FBR")

I confirm that the above client has appeared before me to execute this instruction form authenticating the said instruction. In consideration thereof, I hereby undertake to indemnify and keep IPS fully indemnified against any losses, damages, debts, actions, claims, demands, costs, charges which IPS may sustain, incur and liable as a result or in consequence of its action in accordance with the instruction herein.

Signature of DR / FBR : _____

DR / FBR Code
(where applicable) : _____

Name of DR / FBR : _____

Date : _____

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