



MPI Generali Insurans Berhad
Reg No : 197301001061 (14730-X)

Head Office : 8th Floor, Menara Multi-Purpose, Capital Square, 8, Jalan Munshi Abdullah, 50100 Kuala Lumpur, P.O. Box 10122, 50704 Kuala Lumpur, Malaysia.
P +603 2034 9888 F +603 2694 5758, +603 2694 5759 mpigenerali.com

MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
MPI Generali Insurans Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh 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"/>	Co. Registration No.	<input type="text"/>
Address	<input type="text"/>		Postcode
	<input type="text"/>		
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: _____

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PART 4. Additional Information			
For Policy Holder (if Applicable)			
Email Address			Contact No.
For Additional Payment Notification(s)			
Email Address 1			
Email Address 2			
Email Address 3			
Contact No. of Person-In-Charge			

Appendix A			
Bank Code	Bank Name	Bank Code	Bank Name
B01	Affin Bank Berhad	B26	Maybank Islamic Berhad
B02	Affin Islamic Bank Berhad	B27	OCBC Bank (Malaysia) Berhad
B03	AGRO Bank Berhad	B28	OCBC Al Amin Bank Berhad
B04	Alliance Bank Malaysia Berhad	B29	Public Bank Berhad
B05	Alliance Islamic Bank Malaysia Berhad	B30	Public Islamic Bank Berhad
B06	AmBank (M) Berhad	B31	RHB Bank Berhad
B07	Amlslamic Berhad	B32	RHB Islamic Bank Berhad
B08	Bank Islam Berhad	B33	RBS Bank Berhad
B09	Bank Rakyat Malaysia Berhad	B34	Standard Chartered Bank Malaysia Berhad
B10	Bank Muallamat Berhad	B35	Standard Chartered Saadiq Malaysia Berhad
B11	Bank of America Malaysia Berhad	B36	United Overseas Bank (Malaysia) Berhad
B12	Bank Simpanan Nasional	B37	Al-Rajhi Banking & Investment Corporation (M) Berhad
B13	CIMB Bank Berhad	B38	Bank of Tokyo
B14	CIMB Islamic Bank Berhad	B39	BNP Paribas Malaysia Berhad
B15	Citibank Berhad	B40	Ind. and Comm. Bank of China (M) Berhad
B16	Deutsche Bank (Malaysia) Berhad	B41	Sumitomo Mitsui Banking Corporation Malaysia Berhad
B17	EON Bank Berhad	B42	Bank of China (M) Berhad
B18	EONCAP Islamic Bank Berhad	B43	China Construction Bank
B19	Hong Leong Bank Berhad		
B20	Hong Leong Islamic Bank Berhad		
B21	HSBC Bank Malaysia Berhad		
B22	HSBC Amanah Bank Berhad		
B23	J.P. Morgan Chase Bank Berhad		
B24	Kuwait Finance House		
B25	Malayan Banking Berhad		