III Manulife Investment Management





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

FOR ACCOUNT HOLDER'S COMPLETION																											
Type of Application * New Application Maintenance Termination														7													
Account Holder's Name (Primary) *																											
wante (i iiiiaiy)																											
ID Number (without '-' or '/') *		New Old I		Passport 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 *	Р	R	S		С	N	Т	R	I	В	U	Τ	I	0	N	S											
Maximum amount to debit per transaction (RM)* - 0 0 (Subject to maximum limit specific the DD Operator)													fied	by													
Maximum frequency *	0	2					icy *	* Daily						kly	X Monthly Yearly						у						
Effective Date * (DDMMYY) Expiry Date (DDMMYY)																											
 Declaration: a. I/We hereby acknowledge that the information in this for a will be a subsequence leased to the corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit Collection b. I/We hereby acknowledge that a fee/charge will be a sarged to ke/up in the earnt my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bink to debit the late the easy-harges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s). c. I/We hereby confirm that I/we have a substituted 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 Date* Stamp* Account Holder's Signatures as per Bank's record Date* (DDMMYY)													Υ														
(For Joint Account - Signature as per Bank's signing condition) FOR CORPORATION'S COMPLETION																											
Biller ID * SE0	0	0	0	8	9 7	7												Date	* ИМҮ	Y)		D	D	M	M	Υ	Υ
Payment Reference No. (e.g. Policy No., etc.) (Must be unique) *																						-					
Manulife Investment Management Operations Dept. Received Date Stamp					*(Total Allocation % should e Fund Code: Fund Code: Fund Code:				quivalent to 100%) _ Allocation (%): Allocation (%):																		
			Recei	ved By:							Total Contribution (RM):									00 per month							
									В	rancl	nes / De	ept. I	Digita	l Time	Stan	np:											