

**DIRECT PAYMENT**

---

**POLICY/CONTRACT NO** :

**POLICYHOLDER/CONTRACTHOLDER :**

We hereby confirmed to participate in direct payment.

Registration Of Company (ROC) No. : \_\_\_\_\_  
(Eg 266243D)

Payee Name : \_\_\_\_\_

Bank : \_\_\_\_\_

Bank Branch : \_\_\_\_\_

Bank Account No : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Contact No : \_\_\_\_\_

Email Address : \_\_\_\_\_

Fax No : \_\_\_\_\_

---

**AUTHORISED SIGNATURE**

NAME :

IC NO :

COMPANY STAMP :

**Note: Kindly provide ALL information required above together with a copy of the latest certified true copy of bank statement and certificate of incorporation (for verification purpose) to ensure smooth implementation.**