



AEIOU CHALLENGE SEASON 6

FINANCIAL COMIC CHALLENGE ENTRY FORM

Full Name: _____ Date of Birth: _____

Age: _____ School Name: _____

Parent/Guardian Name: _____

Parent/Guardian I/C No.: _____ Contact No.: _____ (H) _____ (M) _____

Address: _____

Postcode: _____ State: _____ Email Address: _____

I/WE hereby further give consent and authorise the Bank to process and/or disclose any information concerning me/us, my/our affairs and/or accounts, and/or artworks for the purposes of strategic alliances, marketing and promotions to other departments and/or units within the Bank, other companies in Alliance Bank* and/or its agents and third parties. For avoidance of doubt, the consent given herein shall supersede all prior/previous consent(s) given by me/us to any other entities within Alliance Bank.

**Alliance Bank herein refers to Alliance Bank Malaysia and its wholly-owned subsidiaries, Alliance Investment Bank Berhad and Alliance Islamic Bank Berhad.*

YES NO



Organised by



Official Stationery Partner



In Support Of



Parent/Guardian Name: _____
I/C Number: _____