

SERVICE REQUEST FORM/BORANG PERMOHONAN PERKHIDMATAN
 Contact Centre Branch

1. CUSTOMER'S DETAILS/BUTIRAN PELANGGAN

 Name of Account/*Nama Akaun* _____
 NRIC/Passport/Business Registration No./*No. KP/Pasport/Pendaftaran* _____
 Update NRIC/Passport No./*Kemaskini No. KP/Pasport*
2. UPDATING ACCOUNT/PERSONAL DETAILS/MENGEMASKINI BUTIRAN AKAUN/PERIBADI

 Effective Date/*Tarikh Berkuat Kuasa* _____
 Please update ALL my account(s)/card(s)/*Sila kemaskini SEMUA akaun/kad saya*
 Please update ONLY my account(s) stated below/*Sila kemaskini akaun saya yang dinyatakan di bawah SAHAJA:*
 Account/Card Number/*Nombor Akaun/Kad:* 1. _____ 2. _____ 3. _____
 Person with Disability status update Hearing/*Pendengaran* Speech/*Pertuturan* Physical/*Fizikal* Mental/*Mental* Eyesight/*Penglihatan*
/Kemaskini status OKU Learning Disability/*Masalah Pembelajaran* Multiple Disabilities/*Pelbagai*
 Update of Signature/*Kemaskini Tandatangan*

**Note: Kindly complete ALL details below, for non-individual customers kindly complete items marked with (*) only/
 Sila lengkapkan SEMUA butiran di bawah, untuk pelanggan bukan individu sila lengkap butiran bertanda (*) sahaja**

 Nationality/*Kewarganegaraan* _____
 Resident Status/*Status Residen:* Resident/*Residen* Bumi/*Bumiputra* Non-Bumi/*Bukan Bumiputra*
 Foreigners Diplomatic Representation/*Perwakilan Diplomatik Warga Asing*
 Foreigners Employed/Studying In Malaysia/*Warga Asing Yang Bekerja/Belajar Di Malaysia*
 Other Foreign Individuals/*Individu Asing lain*
 Name of Employer/*Nama Majikan* _____ Employment Sector/*Sektor Pekerjaan* _____
 Occupation/*Pekerjaan* _____ Employment Type/*Jenis Pekerjaan* _____
 *Tax Identification Number (TIN) /*Nombor Pengenalan Cukai (TIN)* _____
 *Sales & Service Tax (SST) Registration Number [Mandatory for SST-registrant] /*Nombor Pendaftaran Cukai Jualan dan Perkhidmatan [Wajib untuk Pendaftar Cukai Jualan & Perkhidmatan]* _____
 *Address/*Alamat* _____
 *District/City/State /*Daerah/Bandar/Negeri* _____ *Postcode/*Poskod* _____
 House Address/*Alamat Rumah* Office Address/*Alamat Pejabat* Alternate Address/*Alamat Alternatif*
 *Contact Info/*Maklumat Parhubungan* House/*Rumah* _____ *Email/*Emel* _____
 *Mobile/*Tel Bimbit* _____ *Office/*Pejabat* _____ *Fax/*Faks* _____

For allianceonline/Mobile app users, kindly update your new Mobile Phone No. at any Alliance Bank ATM to avoid service disruption. / Untuk pengguna allianceonline/Aplikasi mudah alih, sila kemaskini No. Tel Bimbit baru di ATM Alliance Bank untuk mengelak gangguan perkhidmatan.

For All Customer

Check HOST to ensure that all the CIF required data (i.e. contact details, standard industry class) are available, if information is blank please acquire info from customer.

3. GENERAL REQUEST/PERMOHONAN AM

 Account Number/*Nombor Akaun:* 1. _____ 2. _____
 Statement Request for the Month of/*Permintaan Penyata bagi Bulan:* _____ Closure of Account/*Penutupan Akaun*
 Activation of Account/*Pengaktifan Akaun* Cancellation of Standing Instruction/*Pembatalan Perkhidmatan Arahan Tetap*
4. COLLECTIONS/KAWALAN PEMINJAMAN

 Account/Card Number/*Nombor Akaun/Kad:* 1. _____ 2. _____
 Appointment of authorised person to enquire into facility's details/*Perlantikan individu untuk membuat pertanyaan terhadap kemudahan tertera*
 Name/*Nama:* _____ NRIC/Passport No./*Kemaskini No. KP/Pasport:* _____
 Contact No./*No. perhubungan:* _____
 Auction surplus funds for payment of other Alliance Bank/Alliance Islamic Bank Facility/*Pengagihan Lebihan Wang Lelongan ke kemudahan terutang di Alliance Bank/Alliance Islamic Bank* Account No./*Akaun No.* 1. _____ 2. _____

5. CARD/KAD

 Card Number/*Nombor Kad:* 1. _____ 2. _____
 New Card Issuance/*Pengeluaran Kad Baru* Card Replacement/*Penggantian Kad*
 Reason/*Sebab* _____ New/Replacement card number/*No. Kad Baru/Penggantian:* _____
I/We hereby acknowledge the receipt of ATM/Debit Card/Saya/Kami mengakui penerimaan Kad ATM/Debit

 _____ (Date/*Tarikh*) _____ (Signature/*Tandatangan*)

 ATM/Debit Card Account Linkage Service/*Perkhidmatan Pautan Akaun untuk Kad ATM/Debit*
 Account No./*No. Akaun* 1. _____ 2. _____ 3. _____
 Activate CPIN/*Aktifkan CPIN* Forgotten Pin/*Terlupa Pin*
Debit Card/Kad Debit

 Enable the following services/*Membenarkan perkhidmatan berikut:* Online transaction/*Transaksi dalam talian*
 Auto Debit/MOTO (Mail/Telephone Order)/*Auto Debit/MOTO (Pesanan Mel/Telefon)* Overseas transactions/*Transaksi luar negara*
Credit Card/Kad Kredit
 Cancellation (Will take effect within 7 working days)/*Pembatalan (Akan berkuatkuasa dalam tempoh 7 hari bekerja)*

Note: Upon Card cancellation, all Instalment Payment Plan immediately become payable in full and all Timeless Bonus Points will be forfeited. Please make arrangement to cancel all standing instructions on the Card with the merchants.

Note: Apabila Kad dibatalkan, semua Pelan Ansuran Bulanan akan dibilkan sepenuhnya dan semua Mata Bonus Timeless akan dibatalkan. Sila ambil tindakan sewajarnya untuk membatalkan arahan pembayaran auto debit dengan pihak yang berkenaan untuk Kad yang dinyatakan.

6. ALLIANCE ONLINE/ALLIANCE ONLINE

 Account Number/*Nombor Akaun:* _____
 Register/Update Handphone No. for Temporary ID/*Daftar/Mengemaskini No. Telefon Bimbit untuk ID Sementara* _____
 Verification TAC Mobile No. for Duplicated TAC number registration at the ATM/*Pengesahan No. Telefon Bimbit TAC untuk pendaftaran nombor TAC yang serupa di ATM* _____ Terminate/*Menamatkan*

7. ALLIANCE PRIVILEGE BANKING/ALLIANCE PERSONAL SERVICE/PERBANKAN ALLIANCE PRIVILEGE/PERBANKAN ALLIANCE PERSONAL

- Apply/*Memohon* Terminate/*Menamatkan*, I/We hereby agreed to the terms and conditions set for/terminate the service below. *Saya/Kami dengan ini bersetuju dengan terma dan syarat yang ditetapkan untuk/menamatkan perkhidmatan di bawah.*
- Alliance Privilege Alliance Personal PB Family Account (PB Category code : L)

8. MORTGAGE/PROPERTY FINANCING/PERSONAL LOAN/PERSONAL FINANCING GADAI JANJI/PEMBIAYAAN HARTANAH/PINJAMAN PERIBADI/PEMBIAYAAN PERIBADI

- Loan/Financing Account Number/*Nombor Akaun Pinjaman/Pembiayaan*: 1. _____ 2. _____
- Link Savelink/Flexlink/Flexlink-i deposit account with Savelink/Flexlink/Flexlink HL/HF-i (applicable for Savelink/Flexlink/Flexlink-i products only)/*Pautan Savelink/Flexlink-i akaun deposit dengan Savelink/Flexlink HL/HF-i (untuk product Savelink/Flexlink-i sahaja).*
- Savelink/Flexlink/Flexlink-i deposit account number/*Savelink/Flexlink/Flexlink-i nombor akaun deposit*: _____
- Lump Sum Payment (other than EPF proceeds) of/*Bayaran Sekaligus (selain daripada pengeluaran KWSP)* RM _____ on/pada _____ by/melalui _____
- Redemption Statement/*Penyata Penyelesaian* Full Settlement by debiting Account No./*Penyelesaian Penuh debit No. Akaun* _____
- Discharge of Facility/Loan/*Pelepasan Pembiayaan/ Pinjaman*
 Appoint solicitor/*Melantik peguamcara M/S (Tetuan)* _____
 Tel No./*No. Tel* _____ *Email/Emel* _____
- Refund excess to other bank account/*Kredit lebih kepada akaun banklain*
 Name of Bank/*Nama Bank* _____ Account No./*No. Akaun* _____
 Name of Account/*Nama Akaun* _____ NRIC No./*No. KP* _____
- MRTA/MRTT claims for the aforesaid deceased./*Tuntutan MRTA/MRTT untuk simati tersebut di atas.*
 Insurance/Takaful Company/*Syarikat Insuran/Takaful* _____
- Photocopy of security documents and debit charges from Account No./*Salinan dokumen sekuriti dan debitan caj dari No. Akaun* _____
- EPF Withdrawal: A/C Statement and Certified True Copy documents/*Pengeluaran KWSP: Penyata Akaun dan Salinan dokumen yang disahkan*
 Collection at branch/*Kutipan di cawangan*: _____
 Send to address/*Hantar ke alamat*: _____

APPLICABLE TO MORTGAGE/PROPERTY FINANCING ONLY/UNTUK GADAI JANJI/PEMBIAYAAN HARTANAH SAHAJA

- Reduction of loan/financing tenor to/*Pengurangan tempoh pinjaman/pembiayaan kepada*: _____ Year(s)/*Tahun*
- Maintain instalment amount/*Mengekalkan bayaran ansuran*: RM _____
- Redrawal/*Pengeluaran Semula* RM _____ (only for mortgage with Redrawal facility & min of amount RM5,000.00 in multiples of RM1,000.00/*hanya untuk pembiayaan perumahan dengan kemudahan Pengeluaran Semula & min amaun RM5,000.00 dalam gandaan RM1,000.00*)
- Cancellation of Mortgage OD/CLF-i account no./*Pembatalan Akaun Gadai Janji OD* _____

^ Note/Nota: Administrative fee is applicable for this request/ *Bayaran pentadbiran akan dikenakan untuk permintaan ini.*

9. PERSONAL DATA PROTECTION ACT (PDPA) RELATED REQUEST/PERMINTAAN AKTA PERLINDUNGAN DATA PERIBADI (APDP)

I/We hereby further give consent and authorise the Bank to disclose any information concerning me/us, my/our facilities, products and/or services for the purposes of strategic alliances, cross selling, marketing, and promotions to other departments and/or units within the Bank, other companies in the Bank*, credit and debts collection agencies, third parties service providers, system vendors, professional advisors i.e. solicitors, property valuer firms, insurers, takaful operators, unit trust management companies, brokers, issuing house, fulfillment companies, merchants or business partners who offer services to the Bank's customers.

Saya/Kami dengan ini seterusnya memberi kebenaran dan membenarkan Bank untuk mendedahkan sebarang maklumat berkaitan saya/kami, kemudahan saya/kami, produk dan/atau perkhidmatan saya/kami bagi tujuan pertalian strategik, jualan silang, pemasaran dan promosi, kepada jabatan dan/atau unit lain di Bank, syarikat lain dalam Alliance Bank, agensi pengutipan kredit dan hutang, penyedia perkhidmatan pihak ketiga, sistem vendor, penasihat profesional iaitu peguam cara, firma penilai hartanah, penanggung insuran, pengendali takaful, syarikat pengurusan unit amanah, broker, syarikat penerbit, syarikat pelaksanaan, peniaga atau rakan kongsi perniagaan yang menawarkan perkhidmatan kepada pelanggan bank.*

Yes/*Ya* No/*Tidak*

Note: PDPA related request will be processed within 7 calendar days from the date of receipt of the SRF

Nota: Permintaan Berkaitan APDP akan diproses dalam tempoh 7 hari dari tarikh penerimaan SRF

- Request to access personal information/*Permintaan untuk mengakses maklumat peribadi*
 With copy/*Dengan salinan* Without copy/*Tanpa salinan*

*Bank herein refers to Alliance Bank Malaysia Berhad and its wholly-owned subsidiaries, Alliance Islamic Bank Berhad. / *Bank di sini merujuk kepada Alliance Bank Malaysia Berhad dan subsidiari-subsidiari milik sepenuhnya, iaitu Alliance Islamic Bank Berhad.*

10. OTHERS/LAIN-LAIN
11. DECLARATION/AKUAN

I/We declare that all information provided herein are correct./*Saya/Kami mengaku bahawa semua maklumat yang diberikan adalah benar.*

Signature/*Tandatangan* _____ Date/*Tarikh* _____

FOR BANK USE/UNTUK KEGUNAAN BANK

For PB/AP Application	Sales Code		Please circle PB Category (A-E, L) below :- A= AUM Criteria / B= Mortgage / C= AOA / D= SME / E= A@W / L= PB Family Account
	ARM Code		
	Source Code		
Others			

For Branch Use
For Processing Unit/Relevant Department Use

Received By _____ Signature Witnessed by _____ Signature Verified By _____ Input Processed By _____ Approved By _____
(For Card & Loan only)

Name: Signature:	Name: Signature:	Name: Signature:	Name: Signature:	Name: Signature:
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