

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*
 Tel No./*No. Tel* _____ Update Contact No. for all accounts/*Kemaskini No. telefon bagi kesemua akaun*
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 (To sign on the specimen signature card)/*Kemaskini Tandatangan (Untuk menandatangani di kad contoh 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*
 *Address/*Alamat* _____
 *District/City/Town/*Daerah/Bandar/Bandar* _____ *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* _____
 Name of Employer/*Nama Majikan* _____ Employment Sector/*Sektor Pekerjaan* _____
 Occupation/*Pekerjaan* _____ Employment Type/*Jenis Pekerjaan* _____

3. GENERAL REQUEST/PERMOHONAN AM

 Account Number/*Nombor Akaun*: 1. _____ 2. _____
 Statement Request for the Month of/*Permintaan Penyata bagi Bulan*: _____
 Request for Cheque Book (Ready for collection after 3 working days at home branch) Cancellation of Standing Instruction
Pemohonan Buku Cek (Sedia diambil selepas 3 hari bekerja di cawangan asal): _____ Book(s)/*Buku* *Pembatalan Perkhidmatan Arahan Tetap*
4. ALLIANCE PRIVILEGE BANKING/ALLIANCE PERSONAL SERVICE/PERBANKAN ALLIANCE PRIVILEGE/PERBANKAN ALLIANCE PERSONAL

<input type="checkbox"/> Apply/ <i>Memohon</i> I/We hereby agreed to the terms and conditions set for the service below. <i>Saya/Kami dengan ini bersetuju dengan terma dan syarat yang ditetapkan untuk perkhidmatan di bawah.</i> <input type="checkbox"/> Alliance Privilege <input type="checkbox"/> Alliance Personal	<input type="checkbox"/> Terminate/ <i>Menamatkan</i> I/We hereby agreed to terminate the service below. <i>Saya/Kami dengan ini bersetuju untuk menamatkan perkhidmatan di bawah.</i> <input type="checkbox"/> Alliance Privilege <input type="checkbox"/> Alliance Personal
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5. 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* _____

6. 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. _____

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.

Nota: 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.

7. 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/*No. KP*: _____ Contact No./*No. perhubungan*: _____
 Funds transfer from/*pemindahan wang dari* _____ to/*ke* _____ for/*untuk* RM _____
 Auction surplus funds for payment of other Alliance Bank/Alliance Islamic Bank Facility/*Pengagihan Lebihan Wang Lelongan ke kemudahan terhutang di Alliance Bank/Alliance Islamic Bank* Account No./*Akaun No.* 1. _____ 2. _____

8. MORTGAGE/HIRE PURCHASE/PERSONAL LOAN/GADAI JANJI/SEWA BELI/PINJAMAN PERIBADI

- Loan Account Number/*Nombor Akaun Pinjaman*: 1. _____ 2. _____
- Link Savelink deposit account with Savelink HL (applicable for Savelink products only)/*Pautan Savelink akaun deposit dengan Savelink HL (untuk product Savelink sahaja)*. Savelink deposit account number/*Savelink nombor akaun deposit*: _____
- Early commencement of instalment with effective from/*Pemulaan pembayaran awal berkuatkuasa dari*: _____
- Revision of instalment to Letter of Offer rate/*Semakan ansuran bulanan kepada kadar faedah/keuntungan seperti dalam Surat Tawaran*
- 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/*Penyelesaian penuh* By debiting from Account No./*Debit daripada No. Akaun* _____
- Discharge of facility/loan/*Pelepasan fasiliti/pinjaman*
Appoint solicitor/*Melantik peguamcara M/S (Tetuan)* _____ Tel No./*No. Tel* _____
- 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 debitkan 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*: _____
- Release letter/e-Hakmilik discharge/*Surat pelepasan/pelepasan e-Hakmilik*
- Copy of Registration Card/HP Agreement/*Salinan Kad Pendaftaran/Perjanjian Sewa Beli*

APPLICABLE TO MORTGAGE ONLY/UNTUK GADAI JANJI SAHAJA

- Reduction of interest/profit rate/*Pengurangan kadar faedah*
- Reduction of loan/financing tenor to/*Pengurangan tempoh pinjaman/pembiayaan kepada*: _____ Year(s)/*Tahun*
- Maintain instalment amount/*Mengekalkan bayaran ansuran*: RM _____
- Reduction of interest/profit rate with additional top up amount/*Pengurangan kadar faedah dengan amaun tambahan*: RM _____
- Conversion of account to/*Penukaran akaun kepada* _____ account/*akaun*
- Cancellation of Mortgage OD account no./*Pembatalan Akaun Gadai Janji OD* _____

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 affairs and/or facilities, accounts, 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 Alliance Bank* and/or its agents and third parties (excluding information relating to my/our affairs or accounts) as the Bank may deem fit. 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.

Saya/Kami dengan ini seterusnya memberi kebenaran dan membenarkan Bank untuk mendedahkan sebarang maklumat berkaitan saya/kami, urusan dan/atau kemudahan, akaun, 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 dan/atau agen dan pihak ketiga (kecuali maklumat berkaitan urusan atau akaun saya/kami) yang dianggap sesuai oleh Bank. Bagi mengelakkan keraguan, kebenaran yang dibenarkan di sini akan mengatasi semua kebenaran terdahulu/sebelum ini yang diberikan oleh saya/kami kepada mana-mana entiti lain dalam Alliance Bank.*

- Yes/*Ya* No/*Tidak*

Note: PDPA related request will be processed within 4 to 6 weeks from the date of receipt of the SRF

Nota: *Permintaan Berkaitan APDP akan diproses dalam tempoh 4 ke 6 minggu dari tarikh penerimaan SRF*

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

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

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

ARM Code _____

Source Code _____

For PB/AP Termination

Premium Debit/Platinum Debit Master Card deleted in ARBS? Y/N

Customer PB/AP untagging done in ARBS? Y/N

Issuance of Standard Debit Card if customer wishes to maintain Hybrid account? Y/N

For Individual Customer**Checklist**

Select One

Form

Hold a US Passport?

Yes

No

W9

US Citizen?/US Permanent Resident?

Yes

No

W8-BEN

US Permanent/Mailing Address?

Yes

No

US Phone Number?

Yes

No

If any "Yes" is selected, customer need to complete form W8- BEN/W9

For Branch Use**For Processing Unit/Relevant Department Use**

Received By

Signature Witnessed by
(For Card & Loan only)

Signature Verified By

Input Processed By

Approved By

Name:

Name:

Name:

Name:

Name:

Signature:

Signature:

Signature:

Signature:

Signature: