





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

FOR CARD HOLDER'S COMPLETION	
Type of Application *	New Application Maintenance Termination
Card Holder's Name (Primary) *	
` ,	
ID Number (without '-' or '/') *	New IC Passport Old IC
Credit Card No (without '-' or '/') *	
Telephone Number	Bank Abbreviation * (Refer to Guideline for abbreviation list)
E-Mail	
Purpose of Payment *	T E L L T I E S Y S T E M F E E
Maximum amount to debit per transaction (RM)* (Subject to maximum limit specified by the Credit Card Operator)	
Maximum frequency *	Mode of frequency * Daily Weekly Monthly Yearly
Effective Date * (DDMMYY)	D M M Y Y Expiry Date (DDMMYY)
 Declaration: a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Credit Card Operator for the purpose of the Credit Card collection. b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Credit Card payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Credit Card payment(s). c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content 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 Credit Card 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 Credit Card payment(s) including the relevant transaction fees/charges not payable by the Corporation. Signature 	
	Card Holder's Signatures as per Bank's record
FOR CORPORATION'S	COMPLETION
Biller ID *	Date (DDMMYY) D D M M Y Y
Payment Reference No. (e.g. Policy No., etc.) (Must be unique) *	
Submitted By (MRA): Signature: Verified By (ARC): Signature:	TELLTIE Company Stamp