



To: ItsBC Bank Malaysia Berhad (Company No. 127776-V)

HSBC Amanah Malaysia Berhad (Company No. 807705-X)

APPLICATION / AMENDMENT FORM FOR eSTATUTORY PAYMENTS (ESP)

New Service Request
Amendment Request

CUSTOMER REGISTERED NAME:			COMPANY REGISTRATION NO.				
PAYMENT TYPE :	EMPLOYER REFERENCE NO. SELECT THE LHDN REGION :		PAYMENT TO BE DEBITED FROM A/C NO.				
LHDN PCB		Semenanjung Malaysia (WM) Sabah (SB) Sarawak (SR)					
PLEASE NOMINATE THE AUTHORISED USER(S) IN SENDING THE PAYMENT FILE(S) TO THE BANK ON BEHALF OF YOUR COMPANY:							
Name of Nominated User	Nominated User's Email Address	ated User's Email Address Authorised to have Encryption Program		APPLICABLE FOR AMENDMENT REQUEST: (Please select an option per user)			
1)		Yes No	Add new user Remove Existing Us	er Request for PGP password*			
2)		Yes No	Add new user Remove Existing Us	er Request for PGP password*			
3)		Yes No	Add new user Remove Existing Us	ser Request for PGP password*			
4)		Yes No	Add new user Remove Existing Us	ser Request for PGP password*			
5)		Yes No	Add new user Remove Existing Us	ser Request for PGP password*			
Contact Person Name	Designation		Office Phone No.	Handphone No.			
1)							
2)							

 \square

* PGP is an encrypted email service for the nominated user to send payment files/instructions to HSBC.

Terms / Declarations (Reference to "HSBC" is to the bank selected above)

- 1. I/We wish to apply for the services indicated in this application form ("Services") and hereby acknowledge that the use of the Services is subject to HSBC's Generic Terms and Conditions and Specific Terms and Conditions for Commercial Banking (available at <u>www.hsbc.com.my</u> or <u>www.hsbcamanah.com.my</u> as applicable). I/We have read and agree to be bound by the same (including all amendments thereto from time to time).
- 2. I/We confirm that the information given in this application form is true, complete and not misleading, and authorise HSBC to confirm this from any source HSBC may choose. I/We will furnish such identification and/or supporting documents as may be required by HSBC.
- 3. I/We acknowledge that I/we remain bound by all transactions effected through the Services whether or not the named users of the Services are the account signatories.
- 4. I/We acknowledge that if HSBC's Specific Terms & Conditions for Commercial Banking allows for the named users of the Services to instruct HSBC on matters pertaining to their personal identifiers and/or password, then the Bank is authorised to act on such instructions not withstanding the named user is not an account signatory.

1. Full Name in BLOCK LETTERS	2. Full Name in BLOCK LETTERS	3. Full Name in BLOCK LETTERS
New IC No.	New IC No.	New IC No.
I confirm that I am duly authorized by the Customer to sign on this form for and on its behalf.	I confirm that I am duly authorized by the Customer to sign on this form for and on its behalf.	I confirm that I am duly authorized by the Customer to sign on this form for and on its behalf.

For Bank Use						
Input By:	Date:	Checked & Authorized by:	Date:			