

PAYOR DETAILS / DECLARATION OF SOURCE OF PAYMENT FORM

Important Notice

As part of the Customer Due Diligence requirements under the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 as well as the guidelines issued by Bank Negara, disclosure of the source of payment is necessary. Refusal to provide the information requested may itself be a factor for suspicion.

A copy of the Bank-in Slip, Fixed Deposit Certificate, Cheque Counter-foil, Bank Statement or Saving Passbook and/or other supporting documents should be submitted together with this Payor Details/Declaration of Source of Payment Form.

Proposal No. / Policy No.			
Name of Life Assured			
Name of Policy Owner (PO) / Assignee			
Relationship *Payor to PO/Assignee (Self/Parent/Spouse/Child/Employer)			
Amount (RM)			

*Payor shall be the Cheque Owner / Issuer of the Cashier's Order or Banker's Cheque / Credit Cardholder / Cash Remitter

Payor's Details

Full Name (as per NRIC/Passport)	
NRIC / Passport No.	
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____
Occupation / Nature of Business	
Name of Employer / Business	
Tel / Mobile No.	
Email Address	
Purpose of Transaction	<input type="checkbox"/> New Business premium <input type="checkbox"/> Renewal premium <input type="checkbox"/> Top Up premium <input type="checkbox"/> Advance premium <input type="checkbox"/> Reinstatement premium <input type="checkbox"/> Others: _____
Payment Method	<input type="checkbox"/> Cash (to state reason on Page 2) <input type="checkbox"/> Cheque <input type="checkbox"/> Cashier's Order / Banker's Cheque / Telegraph Transfer <input type="checkbox"/> Credit Card Country: _____ <input type="checkbox"/> Malaysia Card <input type="checkbox"/> Foreign Card, Country: _____
Source of Payment	<input type="checkbox"/> Salary <input type="checkbox"/> Withdrawal from bank account (saving/current/fixed deposit), please circle: INDIVIDUAL / COMPANY <input type="checkbox"/> Gain from investment (bond/unit trust/shares), please specify nature of investment _____ <input type="checkbox"/> Monies from inheritance, please specify circumstances / 3 rd party's gift or money, please specify relationship _____ <input type="checkbox"/> Business dealings / profits, please specify who is the business owner and type of dealings _____ <input type="checkbox"/> Others, please specify _____



Reason for paying CASH (not applicable to non-cash payment)

- | | |
|--|--|
| <input type="checkbox"/> Senior Payor (Age ≥ 60) | <input type="checkbox"/> Unavailability of credit card/debit card/QR Pay |
| <input type="checkbox"/> Does not have online banking facilities | <input type="checkbox"/> Personal preference/convenient |
| <input type="checkbox"/> Others, please specify: _____ | |

Declaration and Authorization by Policy Owner/Payor

I/We understand that Allianz Life Insurance Malaysia Berhad (ALIM) is obliged under the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 and/or other laws and regulations to report certain transactions to Bank Negara Malaysia and/or other relevant authorities and I/we hereby consent to the same and agree that ALIM, its officers and employees shall be under no liability for making such reports.

I/We hereby declare that the information given is true and accurate to the best of my/our knowledge and record. I/We shall indemnify ALIM for any loss arising from the reliance on the above information.

I/We understand and agree that any of my/our personal information disclosed by me/us or held by ALIM may be held, used and disclosed by ALIM to individuals or organizations related to or associated with ALIM or any Authority in connection with the Applicable Requirements whether effected directly or sent through ALIM's any Head Office or other related corporations or in such manner as ALIM deems fits. I/We shall provide ALIM with further information as may be required for disclosure to any Authority within such time as may be reasonable required.

I/We further agree to co-operate with ALIM to enable ALIM to comply with its obligations under all applicable requirements concerning me/us or our policies with ALIM.

Signature of Policy Owner/Payor/Assignee

Name :
IC No. :
Tel No. :
Date :

For Office Use (CASH PAYMENT ONLY)

Branch	Collected by (Name & Signature)	Verified by (Name & Signature)	Receipt No. / Transaction Reference No.

Note:

1. If Policy Owner/Assignee/Payor is an organization, please include organization stamp with name and designation of the authorized person signatory.
2. Copy of NRIC/passport/corporate documents required if the Payor is other than Policy Owner/Assignee/Life Assured.
3. This form is to be signed by Policy Owner, Payor or Assignee.