CIMB BANK

Monthly Funds Transfer Application

NOTE: Please use **BLOCK** letters and delete where applicable.

Applicant's Information

Name as per CIMB Bank Account (Underline surname):
(DR/MR/MRS/MS/MDM)

NRIC/Passport/FIN No.: | Account No. to be Credited:

Home No.: | Mobile No.: | Email Address:

Transfer Instructions

Name of Bank/Financial Institution: | Branch:

Name as per Debiting Account (Underline surname):
(DR/MR/MRS/MS/MDM)

Debiting Account No.:

Monthly Transfer Amount (S$): | **COMMENCEMENT DATE *(dd/mm/yyyy)*:** | **FINAL PAYMENT DATE *(dd/mm/yyyy)*:**

Declaration

By signing above, I/we hereby:

a. Request and authorise and instruct the Debiting Bank to transfer the Monthly Transfer Amount ('Amount') to CIMB Bank, subject to the terms and conditions applicable as between the Debiting Bank and myself/ourselves and correspondingly request and authorise CIMB Bank to debit the Amount indicated herein.

b. Acknowledge and agree that:
   i. CIMB Bank may reject or decline to act on any instruction at anytime by notifying me;
   ii. The Debiting Bank is entitled to reject CIMB Bank's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this;
   iii. Subject to the terms and conditions applicable as between the Debiting Bank and myself/ourselves, this authorization will remain in force until terminated by CIMB Bank's written notice sent to my address last known to CIMB Bank or upon my/our written revocation through CIMB Bank;
   iv. Subject to the terms and conditions applicable as between the Debiting Bank and myself/ourselves, the deduction date from my/our debiting account will be determined by CIMB Bank and;
   v. I/we confirm that I/we have read, understood and agreed to be bound by the Terms and Conditions as stated in the overleaf.

Signature(s)/Thumbprint(s)* as in my/our **CIMB Bank Account** records

Date:

Signature(s)/Thumbprint(s)* as in my/our **Debiting Bank Account** records

Date:

* For thumbprints, please visit the branch of the Financial Institution/Bank with which the debiting account is maintained.

FOR BANK USE ONLY

CIMB BANK'S COMPLETION

STAFF NAME/ID:	REFERENCE NO.:	DATE:
CREDITING BANK:	BRANCH:	ACCOUNT TO BE CREDITED:
DEBITING BANK:	BRANCH:	ACCOUNT TO BE DEBITED:

DEBITING BANK'S COMPLETION

THIS APPLICATION IS HEREBY REJECTED (PLEASE TICK FOR THE FOLLOWING REASONS):

☐ **SIGNATURE/THUMBPRINT DIFFERS FROM BANK'S RECORDS** ☐ **SIGNATURE/THUMBPRINT INCOMPLETE/UNCLEAR** ☐ **WRONG ACCOUNT NUMBER**

☐ **OTHERS *(Please specify)*:**

NAME OF APPROVING OFFICER:	AUTHORISED SIGNATORY:	DATE:

Thank you for banking with CIMB Bank.
CIMB Bank Berhad (13491-P)

For assistance please call **CIMB At-Your-Service (65) 6333 7777**
or email **AtYourService@cimb.com**

TERMS AND CONDITIONS

1. **Definitions**
   'I', 'my' and 'me' means the CIMB Bank Berhad (CIMB Bank or the 'Bank') account holder or the person, who has by signing on this form consented to his account maintained with the Debiting Bank being nominated for the debiting of the designated amount on the terms and subject to the conditions of this form and these terms and conditions, and 'you' and 'your' means CIMB Bank.
2. **Authorisation for Submission**
   I expressly authorise you (where applicable) to submit this form on my behalf to the financial institution.
3. **Exclusion**
   I agree that you shall not be liable in any way for any loss of profits, business, goodwill or opportunity or indirect, special or consequential loss or damages whichor any other persons may suffer or incur in connection with you giving effect to and carrying out the instructions in any way whatsoever and (without prejudice to the generally of the foregoing) whether arising from fraud, negligence, breach of contracts, strict liability or otherwise by you or your officers, employees and agents. I agree that you will not be liable for any delay, mistake, refusal, neglect or omission in the transmission of any instructions or the making of any payment under the same.
4. **Disclosure**
   I hereby irrevocably authorise you and your officers, employees and agents to give, disclose, divulge or reveal, in any manner howsoever, any customer information (as defined in the Banking Act of Singapore (Cap 19)) relating to me and my account(s) or any other information to any third party (including the financial institution) any information relating to me and/or my account(s) for such commercial, banking or business purposes as you at your discretion think fit. Your rights and abilities under this clause shall be in addition and without prejudice to your rights of disclosure under and pursuant to (i) the Banking Act and any other statutory provisions and in law, and (ii) any other agreement between us and nothing herein is to be construed as limiting any of those other rights.
5. **Indemnity**
   I hereby irrevocably and unconditionally undertake to fully idemnify you and all your employees, nominees, directors and agents and hold you harmless against all losses, damages, liabilities, cost and expenses which you may suffer or incur (including legal costs on a full idemnity basis) as a result of your acting or carrying out, delaying in acting or carrying out or failing to act or carry out any instructions pursuant to these terms and conditions.
6. **Usage of Agents**
   I agree that you may use any agent, contractor or correspondent as you may deem fit to carry out or procure any of the matters or transactions under this application and you shall not be liable for any act, omission, neglect or willful default of such agent, contractor and/or correspondent.
7. **Jurisdiction/Governing Law/Third Party Rights**
   These terms and conditions shall be governed by the laws of Singapore. I hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Singapore. A person who is not a party to these terms and conditions has no right under the Contracts (Rights of Third Parties) Act, Cap 53B to enforce any terms and conditions. Notwithstanding any term herein the consent of any third party is not required for any subsequent amendments or changes to these terms and conditions.

Fold Here

Fold Here

Postage
will be paid by
addressee.
For posting in
Singapore only.

Business Reply Service
Permit No. 08457

CIMB BANK BERHAD
Robinson Road, P O BOX 0088
Singapore 900138
Attn: Account Services