

**Civil Law Act (CLA): Revocation/Appointment of New Trustee****Akta Undang-Undang Sivil (CLA): Pembatalan/Perlantikan Pemegang Amanah Baru**

Affix Stamp Duty

Sila lekatkan

Setem Hasil

Collection Station

Stesen Kutipan



\* B 1 2 0 6 0 8 4 \*

**Policy Number / Nombor Polisi**

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For Policy Number starting with an alphabet followed by 9 digits.

Untuk Nombor Polisi bermula dengan abjad dan diikuti dengan 9 aksara.

**For the use of / Untuk kegunaan**☐ **AIA Bhd.**  
200701032867  
(790895-D)☐ **AIA General Berhad**  
201001040438  
(924363-W)**Agent Code / Kod Ejen**

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**Agency Code / Kod Agensi**

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**Agent Name / Nama Ejen**

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**Agency Name / Nama Agensi**

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**Agent Tel No. / No. Tel Ejen**

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**Name of Insured**

Nama Insured

**New NRIC/Passport No. of Insured**

No. KP Baharu/Pasport Insured

**Passport Expiry Date**

Tarikh Luput Pasport

(DD/MM/YYYY)

(HH/BB/TTTT)

**Hand Phone No.**

No. Telefon Bimbit

**E-mail**

E-mel

**Note / Nota**

1. The Policy Owner and Beneficiary/Trustee(s) (if applicable) must sign this Form in the presence of a witness, in order to make a valid nomination. The witness must be at least 18 years old and is not a named Beneficiary/Trustee/Contingent Owner. / Pemilik Polisi dan Benefisiari/Pemegang Amanah (jika berkenaan) mesti menandatangani Borang ini di hadapan saksi, untuk membuat penamaan yang sah. Saksi itu mestilah berumur sekurang-kurangnya 18 tahun dan bukan Benefisiari/Pemegang Amanah/Pemilik Kontinjen yang telah dilantik.
2. Beneficiaries at age below 18 are not revocable. / Benefisiari dibawah 18 tahun tidak boleh dibatalkan.

☐ **Revocation of Civil Law Act (CLA) Nominations / Pembatalan Penamaan Akta Sivil (CLA)****Name of Trustee / Nama Pemegang Amanah**

1) \_\_\_\_\_

2) \_\_\_\_\_

**Name of Beneficiaries / Nama Benefisiari**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

I/We, the above mentioned adult Beneficiary/Beneficiaries/Trustee/Trustees under the above dated and numbered Policy, issued pursuant to Section 23 of the Civil Law Act, 1956 Malaysia (Revised 1972) do hereby give notice that I/we relinquish/surrender all my/our right(s), title(s) and interest(s) whatsoever in the said Policy and hereby agree to the immediate termination of such Trust and/or interest in my/our favour created by virtue of the said Policy. / Saya/Kami, Benefisiari/Pemegang Amanah dewasa seperti tersebut di atas, di bawah tarikh dan nombor Polisi di atas, dikeluarkan mengikut Seksyen 23, Akta Sivil, 1956 Malaysia (Semakan 1972) dengan ini memberi notis bahawa saya/kami melepaskan/menyerahkan semua hak dan kepentingan saya/kami dalam Polisi tersebut dan dengan ini bersetuju dengan penamatan serta-merta daripada amanah dan kepentingan tersebut yang memihak kepada saya disebabkan oleh Polisi tersebut yang telah dikuatkuasakan menurut peraturan undang-undang yang dinyatakan sebelum ini.

**Signature of Beneficiary**

Tandatangan Benefisiari

**Signature of Beneficiary**

Tandatangan Benefisiari

**Signature of Beneficiary**

Tandatangan Benefisiari

**Name / Nama****Name / Nama****Name / Nama****NRIC / Passport No. / No. KP / Pasport****NRIC / Passport No. / No. KP / Pasport****NRIC / Passport No. / No. KP / Pasport**For Office Use  
Untuk Kegunaan Pejabat

☐ **Revocation of Trustee (CLA) / Pembatalan Pemegang Amanah (CLA)**

Trustee / Pemegang Amanah \_\_\_\_\_

I, the above named trustee appointed under the above policy issued by AIA, hereby relinquish all rights to act as Trustee pursuant to Section 23 of the Civil Law Act 1956 Malaysia (Revised 1972). I request that I be granted a discharge with immediate effect. / Saya, pemegang amanah yang dinamakan di atas dan dilantik di bawah polisi di atas yang dikeluarkan oleh AIA, dengan ini melepaskan semua hak untuk bertindak sebagai Pemegang Amanah mengikut Seksyen 23 Akta Sivill 1956 Malaysia (Semakan 1972). Saya minta agar diberi pelepasan dengan segera.

☐ **Appointment of New Trustee (CLA) / Pelantikan Pemegang Amanah Baru (CLA)**

**Name of New Trustee**

Nama Pemegang Amanah  
Baru

**Trustee's NRIC/Passport No.**

No. KP/Pasport Pemegang  
Amanah

**Trustee's Passport Expiry Date**

Tarikh Luput Pasport  
Pemegang Amanah

(DD/MM/YYYY)  
(HH/BB/TTTT)

**Trustee's Date of Birth**

Tarikh Lahir Pemegang  
Amanah

(DD/MM/YYYY)  
(HH/BB/TTTT)

**Trustee's Nationality**

Kewarganegaraan Pemegang  
Amanah

**Trustee's Mobile No.**

No. Tel. Bimbit Pemegang  
Amanah

**Trustee's Address**

Alamat Pemegang Amanah

I, the above named Insured hereby appoint the above named stated as Trustee of the above said policy with similar powers as empowered in the above mentioned Memorandum of Trust. / Saya Insured yang dinamakan di atas, dengan ini melantik Pemegang Amanah seperti yang dinyatakan di atas bagi polisi di atas yang memberi kuasa yang sama seperti yang terdapat di dalam Memorendum Amanah di atas.

Signature of New Trustee

Tandatangan Pemegang Amanah Baru

Name / Nama

NRIC/Passport No. / No. KP/Pasport

**Declaration And Authorisation / Pengisytiharan Dan Pemberikuasaan**

I/We understand and agree that any personal information collected or held by AIA Bhd./AIA General Berhad (hereinafter referred to as "AIA") (whether contained in this application or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organizations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to reinsurance companies, claims investigation companies and industry associations/federations) for the purpose of (a) processing this application; (b) providing subsequent service for this; (c) for AIA data matching; and (d) to review and advice on my/our coverage with AIA. I/We understand that I/we have a right to obtain access to and to request correction of any personal information held by AIA concerning me/us. Such request can be made to any of AIA's Customer Centre. / Saya/Kami faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA Bhd./AIA General Berhad (selepas ini dirujuk sebagai "AIA") (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain, termasuk melalui agensi pelaporan kredit) boleh dipegang, digunakan dan diberikan oleh AIA kepada individu/organisasi yang berhubung dan berkaitan dengan AIA atau mana-mana pihak ketiga yang dipilih (di dalam atau di luar Malaysia, termasuk tetapi tidak terhad kepada syarikat reinsurans dan syarikat penyiasatan tuntutan dan persatuan industri/persekutuan) bagi tujuan (a) memproses permohonan ini (b) memberikan khidmat seterusnya (c) untuk pepadanan data AIA; dan (d) menyemak dan memberi nasihat mengenai perlindungan saya/kami dengan AIA. Saya/Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat di mana-mana Pusat Pelanggan AIA.

I/We understand and agree that any changes made to the personal details of individual or entity via this application, amendment form or any other related documents will be applied to the current policy and ALL policies under the same NRIC/Passport/Registration No. / Saya/Kami faham dan bersetuju bahawa sebarang perubahan yang dibuat kepada butiran peribadi individu atau entiti melalui permohonan ini, borang pindaan atau mana-mana dokumen lain yang berkaitan akan terpakai bagi polisi semasa dan SEMUA polisi di bawah Nombor Kad Pengenalan/Pasport/Pendaftaran yang sama.

**Important Note: / Nota Penting:**

AIA may review and/or update the Privacy Statement from time to time to reflect the changes in law and/or AIA internal policy. For more information on how AIA deals with personal information, please refer to the latest Privacy Statement on our website at [www.aia.com.my](http://www.aia.com.my). / AIA mungkin menyemak semula dan/atau mengemas kini Pernyataan Privasi dari masa ke semasa berdasarkan perubahan dalam undang-undang dan/atau polisi dalaman AIA. Untuk maklumat lanjut mengenai cara AIA menguruskan maklumat peribadi, sila rujuk Kenyataan Privasi terbaru di laman web kami di [www.aia.com.my](http://www.aia.com.my).

Please complete the relevant fields if there has been any changes to the information since your last update OR if you have NOT provided the information to us previously. You may login to AIA+ to view the current information in our records. / Sila lengkapkan ruangan berkaitan sekiranya terdapat perubahan maklumat semenjak kemaskini terakhir anda ATAU sekiranya anda TIDAK pernah memberikan maklumat tersebut kepada kami sebelum ini. Anda boleh log masuk ke AIA+ untuk melihat maklumat semasa anda yang terdapat dalam rekod kami.

**Declaration by Witness/ Pengisytiharan oleh Saksi**

I hereby certify the above/below signature(s) was/were made in my presence and that to my own personal knowledge it is the signature(s) of the Policy Owner and Beneficiary/Trustee(s) (if applicable) for this policy. / Saya dengan ini mengesahkan tandatangan di atas/bawah adalah/ telah dibuat di hadapan saya dan bahawa menurut pengetahuan peribadi saya sendiri, ia adalah tandatangan Pemilik Polisi dan Benefisiari/Pemegang Amanah (jika berkenaan) untuk polisi ini.

Sign on

Ditandatangani pada

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\_\_\_\_\_  
**Signature of Policy Owner**  
*Tandatangan Pemilik Polisi*

\_\_\_\_\_  
**Name / Nama**

\_\_\_\_\_  
**NRIC/Passport No. / No. KP/Pasport**

\_\_\_\_\_  
**Signature of Trustee**  
*Tandatangan Pemegang Amanah*

\_\_\_\_\_  
**Name / Nama**

\_\_\_\_\_  
**NRIC/Passport No. / No. KP/Pasport**

\_\_\_\_\_  
**Passport Expiry Date / Tarikh Luput Pasport**  
(DD/MM/YYYY) / (HH/BB/TTTT)

\_\_\_\_\_  
**Signature of Trustee**  
*Tandatangan Pemegang Amanah*

\_\_\_\_\_  
**Name / Nama**

\_\_\_\_\_  
**NRIC/Passport No. / No. KP/Pasport**

\_\_\_\_\_  
**Passport Expiry Date / Tarikh Luput Pasport**  
(DD/MM/YYYY) / (HH/BB/TTTT)

\_\_\_\_\_  
**Signature of Witness**  
*Tandatangan Saksi*

\_\_\_\_\_  
**Name / Nama**

\_\_\_\_\_  
**NRIC/Passport No. / No. KP/Pasport**

\_\_\_\_\_  
**Mobile No. / No. Telefon Bimbit**

\_\_\_\_\_  
**Signature of New Trustee**  
*Tandatangan Pemegang Amanah Baru*

\_\_\_\_\_  
**Name / Nama**

\_\_\_\_\_  
**NRIC/Passport No. / No. KP/Pasport**

This form is furnished by AIA, as a matter of courtesy, but AIA assumes no responsibility for the validity or legality of this document. / Borang ini disediakan oleh AIA., sebagai satu ihsan, tetapi AIA tidak memikul sebarang tanggungjawab di atas keesahan penyerahan hak ini.

**FOR OFFICE USE / UNTUK KEGUNAAN PEJABAT**

A copy of this Assignment has this day been filed at the office of AIA.  
*Satu salinan Penyerahan Hak ini telah pada hari ini difailkan di pejabat AIA*

\_\_\_\_\_  
**Authorised Signatory for AIA**  
*Penandatangan Yang Dibenarkan untuk AIA*

**Date / Tarikh**

|         |  |  |  |   |         |  |  |  |   |             |   |  |  |  |  |
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| <b>ii. PAYOR/CONTRIBUTOR/TRUSTEE DETAILS / BUTIR-BUTIR PEMBAYAR/PENCARUM/PEMEGANG AMANAH</b><br>All sections are required to be completed / Semua bahagian perlu dilengkapkan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <b>Name</b><br>Nama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | <b>NRIC No.</b> (For Malaysian citizen only)<br>No. KP (Untuk warganegara Malaysia sahaja)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                               |                                              |
| <b>Date of Birth</b><br>Tarikh Lahir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (DD/MM/YYYY)<br>(HH/BB/TTTT)                      | <b>Gender</b><br>Jantina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Male<br>Lelaki                     | <input type="checkbox"/> Female<br>Perempuan                  |                                              |
| <b>Passport No.</b> (For Non-Malaysian citizen only)<br>No. Pasport (Untuk bukan warganegara Malaysia sahaja)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | <b>Passport Expiry Date</b><br>Tarikh Luput Pasport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             | (DD/MM/YYYY)<br>(HH/BB/TTTT)                                  |                                              |
| <b>Nationality</b><br>Kewarganegaraan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | <b>Name of Employer</b><br>Nama Majikan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |                                                               |                                              |
| <b>Nature of Business</b><br>Jenis Perniagaan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   | <b>Occupation</b><br>Pekerjaan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                               |                                              |
| <b>Exact Duties</b><br>Tanggungjawab Sebenar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | <b>E-mail Address</b><br>Alamat E-mel (han)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                               |                                              |
| <b>Telephone No.</b><br>No. Telefon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Mobile</b><br>Tel. Bimbit                      | <b>Residence</b><br>Rumah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             | <b>Office</b><br>Pejabat                                      |                                              |
| <b>Relationship with Owner</b><br>Hubungan dengan Pemilik                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Spouse<br>Suami/isteri   | <input type="checkbox"/> Parent<br>Ibu/bapa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Children<br>Anak                   | <input type="checkbox"/> Grand Parent<br>Datuk/nenek          | <input type="checkbox"/> Grand Child<br>Cucu |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Siblings<br>Adik beradik | <input type="checkbox"/> Sibling of Parent<br>Adik beradik Ibu/bapa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Legal Guardian<br>Penjaga yang Sah | <input type="checkbox"/> Employer/Employee<br>Majikan/Pekerja |                                              |
| <b>Payor/Contributor's Correspondence Address / Alamat Surat-menyurat Pembayar/Pencarum</b><br>(A correspondence address is where you send and receive all mail items) / (Alamat surat-menyurat ialah tempat anda menghantar dan menerima semua item mel)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <b>Is Payor/Contributor's Residential Address same with Payor/Contributor's Correspondence Address? / Adakah Alamat Kediaman Pembayar/Pencarum sama dengan Alamat Surat-menyurat Pembayar/Pencarum?</b><br><input type="checkbox"/> Yes<br>Ya                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <input type="checkbox"/> No (I will fill in the Residential Address section below)<br>Tidak (Saya akan melengkapkan alamat kediaman di bahagian berikutnya)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <b>Payor/Contributor's Residential Address / Alamat Kediaman Pembayar/Pencarum</b><br>(A Residential address is the address at which you presently or normally resides) / (Alamat kediaman adalah alamat di mana anda tinggal sekarang)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <b>DECLARATION / PENGISYTIHARAN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <p>I/We understand and agree that any personal information collected or held by AIA Bhd. / AIA PUBLIC Takaful Bhd. / AIA General Berhad (hereinafter referred to as "AIA") (whether contained in this form or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organisations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to regulators/authorities, reinsurance companies/retakaful operators, claims investigation companies, industry associations/federations and credit reporting agencies) for the purpose of (a) processing this form; (b) providing subsequent service for this; (c) for AIA data matching; (d) to review and advice on my/our coverage with AIA; and (e) for regulatory and/or statutory compliance purposes. I/We understand that I/we have the right to obtain access to and to request correction of any personal information held by AIA concerning me/us. Such request can be made to any of AIA's Customer Service Centres. / Saya/Kami faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA Bhd. / AIA PUBLIC Takaful Bhd. / AIA General Berhad (selepas ini dirujuk sebagai "AIA") (sama ada terkandung dalam borang ini atau diperolehi dengan cara lain, termasuk melalui agensi pelaporan kredit) boleh dipegang, digunakan, dan diberikan oleh AIA kepada individu/organisasi yang berhubung dan berkaitan dengan AIA atau mana-mana pihak ketiga yang dipilih (di dalam atau di luar Malaysia, termasuk tetapi tidak terhad kepada pihak berkuasa, syarikat reinsurans/pengendali retakaful, syarikat penyiasatan tuntutan, persatuan/persekutuan industri dan agensi pelaporan kredit) bagi tujuan (a) memproses permohonan ini; (b) memberikan khidmat seterusnya; (c) untuk pematanaan data AIA; (d) menyemak dan memberi nasihat mengenai perlindungan saya/kami dengan AIA; dan (e) bagi tujuan pematuhaman undang-undang dan/atau statutori. Saya/Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat di mana-mana Pusat Khidmat Pelanggan AIA.</p> <p>I/We understand and agree that any changes made to the personal details of individual or entity via this application, amendment form or any other related documents will be applied to the current policy and ALL policies under the same NRIC/Passport/Registration No. / Saya/Kami faham dan bersetuju bahawa sebarang perubahan yang dibuat kepada butiran peribadi individu atau entiti melalui permohonan ini, borang pindaan atau mana-mana dokumen lain yang berkaitan akan terpakai bagi polisi semasa dan SEMUA polisi di bawah Nombor Kad Pengenalan/Pasport/Pendaftaran yang sama.</p> <p><b>Important Note: / Nota Penting:</b><br/>         AIA may review and/or update the Privacy Statement from time to time to reflect the changes in law and/or AIA internal policy. For more information on how AIA deals with personal information, please refer to the latest Privacy Statement on our website at <a href="http://www.aia.com.my">www.aia.com.my</a>. / AIA mungkin menyemak semula dan/atau mengemas kini Kenyataan Privasi dari masa ke semasa berdasarkan perubahan dalam undang-undang dan/atau polisi dalam AIA. Untuk maklumat lanjut mengenai cara AIA menguruskan maklumat peribadi, sila rujuk Kenyataan Privasi terbaru di laman web kami di <a href="http://www.aia.com.my">www.aia.com.my</a>.</p> |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <b>Sign on</b><br>Ditandatangani pada                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">DD / HH</div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">MM / BB</div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; text-align: center;">2</div> <div style="width: 15px; text-align: center;">0</div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>DD / HH</span> <span>MM / BB</span> <span>YYYY / TTTT</span> </div> |                                                             |                                                               |                                              |
| <b>Signature of Policy/Certificate Owner</b><br>Tandatangan Pemilik Polisi/Sijil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <b>Name / Nama</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |
| <b>NRIC/Passport No. / No. KP/Pasport</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                               |                                              |