

AIA VITALITY MEMBERSHIP SERVICING FORM | BORANG SERVIS KEAHLIAN AIA VITALITY

<p>* B A 3 Q 1 1 6 6 *</p>	AIA Vitality Membership No. No. Keahlian AIA Vitality <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

For AIA Vitality member use only | Untuk kegunaan ahli AIA Vitality sahaja

Name of AIA Vitality Member Nama Ahli AIA Vitality _____	NRIC No. No. KP _____
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<input type="checkbox"/> Amendment of Name <i>Pembetulan Nama</i> * _____ <input type="checkbox"/> Correction of Date of Birth <i>Pembetulan Tarikh Lahir</i> * <table style="margin-left: 40px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td><td style="border: 1px solid black; width: 40px;"></td> </tr> <tr> <td style="text-align: center;">DD HH</td><td style="text-align: center;">MM BB</td> <td style="text-align: center;">YYYY</td><td style="text-align: center;">TTTT</td> <td colspan="2"></td> </tr> </table> <input type="checkbox"/> Correction of NRIC or Passport <i>Pembetulan NRIC or Pasport</i> * _____ * Documentary proof is required, i.e. NRIC or Passport <i>Bukti dokumen adalah diperlukan seperti KP atau Pasport</i>							DD HH	MM BB	YYYY	TTTT			<input type="checkbox"/> Change of Telephone No. <i>Pertukaran Nombor Telefon</i> Mobile <i>Telefon Bimbit</i> <table style="margin-left: 40px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> </tr> </table> Home <i>Rumah</i> <table style="margin-left: 40px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> </tr> </table> Office <i>Pejabat</i> <table style="margin-left: 40px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> </tr> </table> <input type="checkbox"/> Change of E-mail Address <i>Pertukaran Alamat E-mel</i> _____																																							
DD HH	MM BB	YYYY	TTTT																																																	

<input type="checkbox"/> Change of Method of Payment <i>Pertukaran Kaedah Pembayaran</i> <input type="checkbox"/> Direct Pay <i>Bayaran Terus</i> <input type="checkbox"/> Credit Card <i>Kad Kredit</i> (Please fill in the Visa/Master Auto Debit details <i>Sila isi butiran lengkap Visa/Master Auto Debit</i>) <input type="checkbox"/> Autopay <i>Bayaran Auto</i> (Please submit the Autopay application form <i>Sila hantar borang permohonan Autopay</i>)	<input type="checkbox"/> Replacement of AIA Vitality Membership Card <i>Penggantian Kad Keahlian AIA Vitality</i> I would like to send my membership card to <i>Saya ingin menghantar kad keahlian saya kepada</i> <input type="checkbox"/> Mailing Address <i>Alamat Surat Menyurat</i> <input type="checkbox"/> Agent <i>Ejen</i> <table style="margin-left: 40px;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Agent Code <i>Kod Ejen</i></td> <td style="text-align: center;">Agency Code <i>Kod Agensi</i></td> </tr> </table>			Agent Code <i>Kod Ejen</i>	Agency Code <i>Kod Agensi</i>
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<input type="checkbox"/> Change of Address <i>Pertukaran Alamat</i> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse; margin: 5px 0;"> <tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">Postcode <i>Poskod</i></td> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table>																																																																					Postcode <i>Poskod</i>												<input type="checkbox"/> Others <i>Lain-lain</i> _____ _____ _____
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Visa/Mastercard Auto Debit | Auto Debit Menggunakan Kad Visa/Master

Card No. <i>No. Kad</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="background-color: black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="background-color: black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> </tr> </table>																							
Card Expiry Date <i>Tarikh Tamat Tempoh Kad</i>	<table style="margin-left: 40px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM/YY</td><td style="text-align: center;">BB/YY</td> <td style="text-align: center;">20</td><td style="text-align: center;">YY</td> <td style="text-align: center;">MM/YY</td><td style="text-align: center;">BB/YY</td> <td colspan="2"></td> </tr> </table>									MM/YY	BB/YY	20	YY	MM/YY	BB/YY									
MM/YY	BB/YY	20	YY	MM/YY	BB/YY																			
Issued By <i>Dikeluarkan Oleh</i>	_____																							
Cardholder's Name <i>Nama Pemegang Kad</i>	_____																							
Cardholder's Mobile No. <i>No. Telefon Bimbit Pemegang Kad</i>	_____																							

Terms & Conditions of Credit Card | Terma Dan Syarat Kad Kredit

I expressly agree to the following Terms and Conditions with regard to AIA accepting my authorisation to debit my Credit Card as payment for the AIA Vitality membership fee(s):

1. AIA shall make the debit at regular intervals within one (1) month and will not be held responsible for any claims, losses, damages and expenses arising from the successful processing of the debit or the unsuccessful processing of the debit as authorised due to exceeding credit limit, system malfunction, electricity failure and/or all other factors beyond AIA's control. AIA's sole responsibility is to ensure that my Credit Card account is debited through the Card Centre as authorised by me.
2. I will notify AIA in writing of any changes, loss or replacement of my Credit Card or cancellation of this authorisation one (1) month before the next AIA Vitality Membership fee(s) is due. The change request will take effect after AIA has acknowledged receipt of the request. AIA may at any time end the debit arrangement without providing any reason by giving me one (1) month's notice in writing and/or change the Terms and Conditions of Credit Card without prior notice to me.
3. I agree to keep AIA indemnified against any claims, losses, damages and expenses which AIA may suffer arising from my authorisation to debit my Credit Card account.

Saya bersetuju dengan Terma dan Syarat berikut bahawa AIA menerima kebenaran saya untuk mendebitkan Kad Kredit saya bagi bayaran yuran keahlian AIA Vitality:

1. *AIA akan menentukan debit pada selang berkala dalam satu (1) bulan dan tidak akan bertanggungjawab terhadap apa-apa tuntutan, kehilangan, kerosakan atau perbelanjaan yang timbul dari pemrosesan debit atau pemrosesan debit yang tidak dapat dilakukan seperti yang dibenarkan, akibat kredit melebihi had, sistem tidak berfungsi, tiada elektrik dan/atau semua faktor lain di luar kawalan AIA. Tanggungjawab AIA adalah untuk memastikan bahawa akaun Kad Kredit saya didebitkan melalui Pusat Kad yang diarahkan oleh saya.*
2. *Saya akan memaklumkan kepada AIA secara bertulis tentang apa-apa perubahan, kehilangan atau penggantian Kad Kredit saya atau pembatalan terhadap kebenaran ini satu (1) bulan sebelum yuran keahlian AIA Vitality seterusnya perlu dibayar. Permintaan perubahan akan berkuat kuasa selepas AIA mengesahkan penerimaan permintaan tersebut. AIA boleh pada bila-bila masa menamatkan perkiraan debit tanpa memberikan apa-apa sebab dengan memberikan saya satu (1) bulan notis secara bertulis dan/atau mengubah Terma dan Syarat Kad Kredit tanpa notis terlebih dahulu kepada saya.*
3. *Saya bersetuju untuk melindungi/membayar ganti rugi kepada AIA terhadap apa-apa tuntutan, kehilangan, kerosakan dan perbelanjaan yang mungkin AIA hadapi akibat kebenaran saya untuk mendebitkan akaun Kad Kredit saya.*

Signature of Cardholder (as on card) |
Tandatangan Pemegang Kad (seperti dalam kad)

Date | Tarikh _____
(DD/MM/YYYY) | (HH/BB/TTTT)

Declaration And Authorisation | Pengisytiharan Dan Pemberikuaaan

I understand and agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained) may be held, used and disclosed by AIA to individuals/organisation related to and associated with AIA or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations/federations) for the purpose of processing this application and providing subsequent service for this and other financial products and service and to communicate with me for such purposes. I understand that I have a right to obtain access to and to request correction of any personal information held by AIA concerning me. Such request can be made to any of the AIA Customer Service Centre. | *Saya faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) 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 syarikat-syarikat reinsurans dan penyiasatan tuntutan dan persatuan/persekutuan industri) bagi tujuan memproses permohonan ini dan memberikan khidmat seterusnya untuk produk dan khidmat kewangan yang lain dan untuk berkomunikasi dengan saya untuk tujuan seperti itu. Saya faham bahawa saya berhak memperoleh akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya. Permohonan seperti itu boleh dibuat di mana-mana Pusat Khidmat Pelanggan AIA.*

Executed on |
Dikuatkuasakan pada

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DD	HH		MM	BB		YYYY	TTTT		

Signature of AIA Vitality member | Tandatangan Ahli AIA Vitality

Witnessed by | Disaksikan oleh

Name | Nama

Name | Nama

NRIC / Passport No. | No. KP / Pasport

NRIC / Passport No. | No. KP / Pasport

Date | Tarikh

Date | Tarikh