



**Nomination, Appointment and Revocation Form**  
**Borang Penamaan, Pelantikan dan Pembatalan**

Collection Station  
 Stesen Kutipan

|  |   |  |
|--|---|--|
| <br>* B 1 1 Q 7 1 2 1 *   | <b>Policy Number / Nombor Polisi</b><br><input style="width:100%; height:20px;" type="text"/> |  |
| <b>Agent Code / Kod Ejen</b><br><input style="width:40px; height:20px;" type="text"/>  | <b>Agency Code / Kod Agensi</b><br><input style="width:40px; height:20px;" type="text"/>      | <b>Dispatch Location / Lokasi Penghantaran</b><br><input style="width:80%; height:20px;" type="text"/>   |
| <b>Agent Name / Nama Ejen</b><br><input style="width:90%; height:20px;" type="text"/>  | <b>Agency Name / Nama Agensi</b><br><input style="width:90%; height:20px;" type="text"/>      | <b>Agent Tel No. / No. Tel Ejen</b><br><input style="width:60%; height:20px;" type="text"/>  |
| <b>Name of Insured</b><br>Nama Insured<br><input style="width:100%; height:20px;" type="text"/>  |   |  |
| <b>NRIC No. / No. KP</b><br>(applicable for Malaysian only)<br>(untuk warga Malaysia sahaja)<br><input style="width:100%; height:20px;" type="text"/>  |   | <b>Passport No. / No. Pasport</b><br>(applicable for Non-Malaysian)<br>(untuk warga bukan Malaysia)<br><input style="width:100%; height:20px;" type="text"/> |
| <b>Married Status</b><br>Taraf Perkahwinan   |   |  |
| <input type="checkbox"/> <b>Single</b> <i>Bujang</i> <input type="checkbox"/> <b>Married</b> <i>Berkahwin</i> <input type="checkbox"/> <b>Divorced</b> <i>Berceraai</i> <input type="checkbox"/> <b>Widowed</b> <i>Janda / Duda</i> <input type="checkbox"/> <b>No. of Children</b> <i>Bilangan Anak</i> _____   |   |  |
| <b>Hand Phone No.</b><br>No. Telefon Bimbit<br><input style="width:100%; height:20px;" type="text"/>   |   | <b>E-mail</b><br>E-mel<br><input style="width:100%; height:20px;" type="text"/>  |
| <b>NOTICE:</b> (1) This Form can be used for New Business or Existing Policy Nomination and forms part of the policy contract.<br>(2) With the following nomination, the previous beneficiary/ies named under non-trust policy before Insurance Act 1996 is deemed revoke.<br><b>PERHATIAN:</b> (1) Borang ini boleh digunakan untuk Penamaan Permohonan Polisi Baru atau Penamaan Polisi Sedia Ada dan membentuk sebahagian daripada kontrak polisi.<br>(2) Dengan Penamaan berikut, benefisiari sebelumnya yang dinamakan di bawah polisi bukan-amanah sebelum Akta Insurans 1996 dianggap batal.  |   |  |
| <b>NOTICE TO POLICY OWNER / NOTIS KEPADA PEMILIK POLISI</b>  |   |  |
| (a) Statement pursuant to Schedule 10 Paragraph 5(1) of the Financial Services Act 2013 / <i>Penyata selaras dengan Jadual 10 Perenggan 5(1) Akta Perkhidmatan Kewangan 2013</i><br>A nomination by a Policy Owner, other than a Muslim Policy Owner, shall create a trust in favour of the nominee of the policy moneys payable upon the death of the Policy Owner, if [a] the nominee is his spouse or child, or [b] where there is no spouse or child living at the time of nomination, the nominee is his parent. You cannot deal with a trust policy by revoking a nomination, varying or surrendering, assigning and pledging the policy as security without the written consent of the trustee(s). / <i>Penamaan oleh Pemilik Polisi, selain daripada Pemilik Polisi Islam, akan mewujudkan satu amanah memihak kepada penama wang polisi perlu dibayar atas kematian Pemilik Polisi. Jika [a] penama adalah pasangan atau anak beliau, atau [b] di mana tidak ada pasangan atau anak hidup pada masa penamaan, penama adalah ibubapanya. Anda tidak boleh berurusan dengan polisi amanah dengan membatalkan penamaan, mengubah atau menyerahkan, menyerahkan hak dan menyandarkan polisi sebagai cagar tanpa persetujuan bertulis daripada pemegang amanah.</i>  |   |  |
| (b) Statement pursuant to Schedule 10 Paragraph 6 of the Financial Services Act 2013 / <i>Penyata selaras dengan Jadual 10 Perenggan 6 Akta Perkhidmatan Kewangan 2013</i><br>A nominee, other than a nominee under Schedule 10 paragraph 5(1), shall receive the policy moneys payable on the death of the Policy Owner as an executor. The nominee shall distribute the policy moneys in accordance with the will or the law relating to the distribution of the deceased Policy Owner's estate. / <i>Penama, selain daripada penama di bawah Jadual 10 Perenggan 5(1), akan menerima wang polisi perlu dibayar atas kematian Pemilik Polisi sebagai wasi. Penama hendaklah membahagikan wang polisi mengikut wasiat atau undang-undang yang berhubungan dengan pembahagian harta pusaka Pemilik Polisi.</i>   |   |  |
| (c) If your intention is for your nominee(s) to receive the policy benefits beneficially and not as executor(s), you have to assign the policy benefits to them, unless your nominee(s) is/are your spouse or child, or if you have no spouse or child at the time of nomination, your parent(s). / <i>Jika niat anda adalah untuk penama (penama-penama) anda untuk menerima faedah polisi secara benefisial dan bukan sebagai wasiat (wasi-wasi), anda hendaklah menyerahkan hak faedah polisi kepada mereka, melainkan penama (penama-penama) anda adalah pasangan atau anak anda, atau jika anda tidak mempunyai pasangan atau anak pada masa penamaan, ibubapa anda.</i>  |   |  |
| (d) The witness/trustee must be at least 18 years old and the witness is not a named nominee/trustee. / <i>Saksi/Pemegang Amanah mestilah sekurang-kurangnya berumur 18 tahun dan saksi tersebut bukannya penama/pemegang amanah yang dinamakan.</i>   |   |  |
| <b>DECLARATION AND AUTHORISATION OF ALL SIGNATORIES / PENGISYTIHARAN DAN PEMBERIKUASAAN SEMUA PENANDATANGAN</b>  |   |  |
| I/We understand and agree that any personal information collected or held by AIA Bhd. (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. / <i>Saya/Kami faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA Bhd. (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 berhubungan 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 penyiataan 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> |   |  |
| <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> . / <i>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 <a href="http://www.aia.com.my">www.aia.com.my</a>.</i>   |   |  |

For Office Use  
 Untuk Kegunaan Pejabat

**Section A - Appointment of Nominee / Seksyen A - Perlantikan Penama**

All Nominee details are mandatory field / Semua butiran Penama adalah wajib diisi

I, the Policy Owner hereby nominate the following as nominee(s) for the above policy. / Saya, Pemilik Polisi, dengan ini menamakan yang berikut sebagai penama bagi polisi di atas.

|    |   |  |   |
|----|---|--|---|
| 1. | Name<br><i>Nama</i> _____                   | NRIC / Passport No.<br><i>No. KP / Pasport</i> _____ | Date of Birth<br><i>Tarikh Lahir</i> _____<br>(DD/MM/YYYY) / (HH/BB/TTTT) |
|    | Nationality<br><i>Kewarganegaraan</i> _____ | Relationship<br><i>Hubungan</i> _____                | % of share<br><i>bahagian</i> _____                                       |
|    | Address<br><i>Alamat</i> _____<br>_____     |  |   |
| 2. | Name<br><i>Nama</i> _____                   | NRIC / Passport No.<br><i>No. KP / Pasport</i> _____ | Date of Birth<br><i>Tarikh Lahir</i> _____<br>(DD/MM/YYYY) / (HH/BB/TTTT) |
|    | Nationality<br><i>Kewarganegaraan</i> _____ | Relationship<br><i>Hubungan</i> _____                | % of share<br><i>bahagian</i> _____                                       |
|    | Address<br><i>Alamat</i> _____<br>_____     |  |   |
| 3. | Name<br><i>Nama</i> _____                   | NRIC / Passport No.<br><i>No. KP / Pasport</i> _____ | Date of Birth<br><i>Tarikh Lahir</i> _____<br>(DD/MM/YYYY) / (HH/BB/TTTT) |
|    | Nationality<br><i>Kewarganegaraan</i> _____ | Relationship<br><i>Hubungan</i> _____                | % of share<br><i>bahagian</i> _____                                       |
|    | Address<br><i>Alamat</i> _____<br>_____     |  |   |
| 4. | Name<br><i>Nama</i> _____                   | NRIC / Passport No.<br><i>No. KP / Pasport</i> _____ | Date of Birth<br><i>Tarikh Lahir</i> _____<br>(DD/MM/YYYY) / (HH/BB/TTTT) |
|    | Nationality<br><i>Kewarganegaraan</i> _____ | Relationship<br><i>Hubungan</i> _____                | % of share<br><i>bahagian</i> _____                                       |
|    | Address<br><i>Alamat</i> _____<br>_____     |  |   |
| 5. | Name<br><i>Nama</i> _____                   | NRIC / Passport No.<br><i>No. KP / Pasport</i> _____ | Date of Birth<br><i>Tarikh Lahir</i> _____<br>(DD/MM/YYYY) / (HH/BB/TTTT) |
|    | Nationality<br><i>Kewarganegaraan</i> _____ | Relationship<br><i>Hubungan</i> _____                | % of share<br><i>bahagian</i> _____                                       |
|    | Address<br><i>Alamat</i> _____<br>_____     |  |   |
| 6. | Name<br><i>Nama</i> _____                   | NRIC / Passport No.<br><i>No. KP / Pasport</i> _____ | Date of Birth<br><i>Tarikh Lahir</i> _____<br>(DD/MM/YYYY) / (HH/BB/TTTT) |
|    | Nationality<br><i>Kewarganegaraan</i> _____ | Relationship<br><i>Hubungan</i> _____                | % of share<br><i>bahagian</i> _____                                       |
|    | Address<br><i>Alamat</i> _____<br>_____     |  |   |

Executed on

Dikuatkuasakan pada

|         |  |   |         |  |   |             |   |  |  |
|---------|--|---|---------|--|---|-------------|---|--|--|
|         |  | - |         |  | - | 2           | 0 |  |  |
| DD / HH |  |   | MM / BB |  |   | YYYY / TTTT |   |  |  |

Signature of Policy Owner

Tandatangan Pemilik Polisi

Signature of Existing Appointed Trustee

Tandatangan Pemegang Amanah Asal

Signature of Existing Appointed Trustee

Tandatangan Pemegang Amanah Asal

Signature of Witness

Tandatangan Saksi

Name / Nama

Name / Nama

Name / Nama

Name / Nama

NRIC / Passport No.

No. KP / Pasport

NRIC / Passport No.

No. KP / Pasport

NRIC / Passport No.

No. KP / Pasport

NRIC / Passport No.

No. KP / Pasport

Mobile No. / No. Telefon Bimbit

**Section B - Appointment of Trustees / Seksyen B - Perlantikan Pemegang-Pemegang Amanah****All Trustee details are mandatory field / Semua butiran Pemegang Amanah adalah wajib diisi**

For Non-Muslim Policy Owners and First Party Policies Only / Hanya Untuk Pemilik Polisi Bukan Islam dan Polisi Pihak Pertama

I, the Policy Owner understand that pursuant to Schedule 10 Paragraph 5(3) of Financial Services Act 2013, I may not appoint myself as the Trustee to this policy. I hereby appoint the following Trustee(s) to receive such moneys payable under this policy upon my death and the receipt by the Trustee(s) shall be a complete discharge to AIA from all liabilities in respect of the policy moneys so paid to them. / Merujuk kepada Jadual 10 Perenggan 5(3) Akta Perkhidmatan Kewangan 2013, saya memahami bahawa saya tidak boleh melantik diri saya sebagai Pemegang Amanah dibawah polisi ini. Saya melantik Pemegang Amanah berikut untuk menerima wang perlu dibayar sedemikian di bawah polisi ini atas kematian saya dan penerimaan oleh Pemegang Amanah hendaklah menjadi pelepasan yang sempurna kepada AIA bagi kesemua liabiliti berhubung dengan wang polisi yang dibayar kepada mereka.

Trustee's Name  
Nama Pemegang Amanah (1) \_\_\_\_\_

NRIC / Passport No.  
No. KP / Pasport (1) \_\_\_\_\_

Date of Birth  
Tarikh Lahir (1) \_\_\_\_\_  
(DD/MM/YYYY) / (HH/BB/TTTT)

Nationality  
Kewarganegaraan (1) \_\_\_\_\_

Address  
Alamat (1) \_\_\_\_\_

Trustee's Name  
Nama Pemegang Amanah (2) \_\_\_\_\_

NRIC / Passport No.  
No. KP / Pasport (2) \_\_\_\_\_

Date of Birth  
Tarikh Lahir (2) \_\_\_\_\_  
(DD/MM/YYYY) / (HH/BB/TTTT)

Nationality  
Kewarganegaraan (2) \_\_\_\_\_

Address  
Alamat (2) \_\_\_\_\_

**Executed on**  
Dikuatkuasakan pada

|         |  |   |         |  |   |             |   |  |  |
|---------|--|---|---------|--|---|-------------|---|--|--|
|         |  | - |         |  | - | 2           | 0 |  |  |
| DD / HH |  |   | MM / BB |  |   | YYYY / TTTT |   |  |  |

I consent to act as Trustee in respect of the abovementioned policy / Saya bersetuju untuk bertindak sebagai Pemegang Amanah berhubung dengan polisi diatas.

I consent to act as Trustee in respect of the abovementioned policy / Saya bersetuju untuk bertindak sebagai Pemegang Amanah berhubung dengan polisi diatas.

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

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

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

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

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

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

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

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

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

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

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

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

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

**Section C - Revocation of Existing Nominee(s) or Trustee(s) / Seksyen C - Pembatalan Penama atau Pemegang Amanah yang Telah Wujud**

I wish to **REVOKE** (Please tick the boxes accordingly): / Saya ingin **MEMBATALKAN** (Sila tandakan kotak yang berkenaan):

- all existing nominee(s) / *kesemua penama (penama-penama)*
- all existing nominee(s) and appoint new nominee(s) as stated in Section A / *kesemua penama (penama-penama) dan melantik penama (penama-penama) baru seperti yang terdapat di Bahagian A*
- all existing trustee(s) / *kesemua pemegang amanah*
- all existing trustee(s) and appoint new trustee(s) as stated in Section B / *kesemua pemegang amanah dan melantik pemegang amanah baru seperti terdapat di Bahagian B*

**Executed on**

Dikuatkuasakan pada

|         |  |   |         |  |   |             |   |  |  |
|---------|--|---|---------|--|---|-------------|---|--|--|
|         |  | - |         |  | - | 2           | 0 |  |  |
| DD / HH |  |   | MM / BB |  |   | YYYY / TTTT |   |  |  |

**Signature of Policy Owner**

Tandatangan Pemilik Polisi

**Signature of Existing Appointed Trustee**

Tandatangan Pemegang Amanah Asal

**Signature of Existing Appointed Trustee**

Tandatangan Pemegang Amanah

**Signature of Witness**

Tandatangan Saksi

Name / Nama

Name / Nama

Name / Nama

Name / Nama

NRIC / Passport No.

No. KP / Pasport

NRIC / Passport No.

No. KP / Pasport

NRIC / Passport No.

No. KP / Pasport

NRIC / Passport No.

No. KP / Pasport

Mobile No. / No. Telefon Bimbit

**FOR OFFICE USE / UNTUK KEGUNAAN PEJABAT**

A copy of this Nomination, Appointment and Revocation Form has been filed at the Head Office of AIA.

Satu salinan Borang Penamaan, Pelantikan dan Pembatalan ini telah difaikkan di Ibu Pejabat AIA

**Registrar / Authorised Signatory for AIA**

Pendaftar / Penandatangani Yang Dibenarkan untuk AIA

Date / Tarikh

|         |  |   |         |  |   |             |   |  |  |
|---------|--|---|---------|--|---|-------------|---|--|--|
|         |  | - |         |  | - | 2           | 0 |  |  |
| DD / HH |  |   | MM / BB |  |   | YYYY / TTTT |   |  |  |



## Customer Due Diligence Form (for Individual only) / Borang Usaha Wajar Pelanggan (untuk Perseorangan sahaja)

This form is for the use of: / Borang ini adalah untuk kegunaan:

AIA Bhd. 200701032867 (790895-D), AIA PUBLIC Takaful Bhd. 201101007816 (935955-M) and AIA General Berhad 201001040438 (924363-W)

|   |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Policy/Certificate Number / Nombor Polisi/Sijil</b><br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>                         |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I have submitted a copy of NRIC (for Malaysian citizen only) or Passport (for Non-Malaysian citizen only) / Saya telah menghantar salinan Kad Pengenalan (untuk warganegara Malaysia sahaja) atau Pasport (untuk bukan warganegara Malaysia sahaja) |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Policy/Certificate Owner<br>Pemilik Polisi/Sijil  | <input type="checkbox"/> Yes<br>Ya | <input type="checkbox"/> No (please submit copy of NRIC/Passport)<br>Tidak (sila hantar salinan KP/Pasport) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Payor/Contributor<br>Pembayar/Pencarum  | <input type="checkbox"/> Yes<br>Ya | <input type="checkbox"/> No (please submit copy of NRIC/Passport)<br>Tidak (sila hantar salinan KP/Pasport) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>i. POLICY/CERTIFICATE OWNER DETAILS / BUTIR-BUTIR PEMILIK POLISI/SIJIL</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>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>Telephone No.</b><br>No. Telefon   | <b>Mobile</b><br>Tel. Bimbit       | <b>Residence</b><br>Rumah   | <b>Office</b><br>Pejabat   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>E-mail Address</b> (Optional)<br>Alamat E-mel (Pilihan)  |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Owner's Correspondence Address</b><br>Alamat Surat-menyurat Pemilik  |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If you are the Policy/Certificate Owner, are you also the Payor/Contributor of the policy/certificate?<br>Sekiranya anda adalah Pemilik Polisi/Sijil, adakah anda juga Pembayar/Pencarum polisi/sijil yang berkenaan?                               |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Yes<br>Ya <input type="checkbox"/> No. I will complete the Payor/Contributor information section below<br>Tidak. Saya akan melengkapkan maklumat Pembayar/Pencarum di bahagian berikutnya                                  |                                    |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ii. PAYOR/CONTRIBUTOR DETAILS / BUTIR-BUTIR PEMBAYAR/PENCARUM</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>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  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

For Office Use  
Untuk Kegunaan Pejabat

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <b>Telephone No.</b><br><i>No. Telefon</i>   | <b>Mobile</b><br><i>Tel. Bimbit</i>                      | <b>Residence</b><br><i>Rumah</i>   | <b>Office</b><br><i>Pejabat</i>                                    |  |   |
| <b>E-mail Address (Optional)</b><br><i>Alamat E-mel (Pilihan)</i>  |  |  |  |  |   |
| <b>Relationship with Owner</b><br><i>Hubungan dengan Pemilik</i>   | <input type="checkbox"/> Spouse<br><i>Suami/isteri</i>   | <input type="checkbox"/> Parent<br><i>Ibu/bapa</i>                         | <input type="checkbox"/> Children<br><i>Anak</i>                   | <input type="checkbox"/> Grand Parent<br><i>Datuk/nenek</i>          | <input type="checkbox"/> Grand Child<br><i>Cucu</i> |
|  | <input type="checkbox"/> Siblings<br><i>Adik beradik</i> | <input type="checkbox"/> Sibling of Parent<br><i>Adik beradik Ibu/bapa</i> | <input type="checkbox"/> Legal Guardian<br><i>Penjaga yang Sah</i> | <input type="checkbox"/> Employer/Employee<br><i>Majikan/Pekerja</i> |   |
| <b>Payor/Contributor's Correspondence Address</b><br><i>Alamat Surat-menyurat Pembayar/Pencarum</i>  |  |  |  |  |   |
| <b>DECLARATION / PENGISYTIHARAN</b>  |  |  |  |  |   |
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| <b>Executed on</b><br><i>Dikuatkuasakan pada</i>   | <input type="text"/>                                     | -  | <input type="text"/>   | -  | <input type="text"/>                                |
|  | <i>DD / HH</i>   |  | <i>MM / BB</i>   |  | <i>YYYY / TTTT</i>                                  |
| <b>Signature of Policy/Certificate Owner</b><br><i>Tandatangan Pemilik Polisi/Sijil</i>  |  |  |  |  |   |
| <b>Name / Nama</b>   |  |  |  |  |   |
| <b>NRIC/Passport No. / No. KP/Pasport</b>  |  |  |  |  |   |