## Bank Electronic Funds Transfer Registration Form Toyota Capital Malaysia Sdn Bhd (11547 M)

Please read the following instructions carefully before completing this form.

- 1. Type or write using BLOCK LETTERS.
- 2. Indicate only <u>one (1) preferred bank</u> account and <u>it should be active</u>.
- 3. Attach a <u>legible copy</u> of the top portion of the bank statement/relevant page of the savings account passbook which clearly indicates that the below mentioned account number belongs to you/your company (Optional).

1	Bank Account Holder Name	:	
2	Bank Name / Bank Code (Interbank Giro Participating Banks)	:	
3	Bank Account Number	:	

Please provide a relevant ID. The ID that you provide must be the same as appeared in your bank's record. Otherwise, the fund transfer will be REJECTED by your bank despite a correct bank account number. Eg. Your Business Registration number is 88694U and your banker's record is 088694U (with a zero in front).

4	RECIPIENT'S VALIDATION ID AS PER YOUR BANK'S RECORD						[]	[ Indicate only one (1) and ignore dashes '-' ]												
4a	New IC Number	:																		
4b	Old IC Number	:																		
4c	Registration Number (Company/Business/Society/etc)	:																		
4d	Police/Army/Passport Number	:																		

Payment Advice (Notification of Payment) is to be emailed to :-

5a	Email Address (1) :	
5b	Email Address (2) :	
5c	Email Address (3) :	

I/We hereby request that any payment(s) due to me/us by **Toyota Capital Malaysia Sdn Bhd ("TCAPM")** to be paid to my/our bank account stated above by way of electronic fund transfer and confirm that:-

- 1. I/We consent to TCAPM processing and disclosing the above data to banker(s) in order to facilitate any payment(s) to me/us by way of electronic fund transfer.
- 2. All information provided herein is correct and accurate and TCAPM shall be entitled to rely on it to facilitate the payment.
- 3. I/We shall keep TCAPM and its banker(s) indemnified against any loss and/or damage that may arise from this electronic fund transfer PROVIDED ALWAYS that the loss and/or damage is due to the gross negligence or willful default on my/our part which include but not limited to error in information furnished, delayed in payment(s) and any other circumstances that are beyond TCAPM and its banker(s)'s control and directly caused or attributed by me/us.
- 4. Payment process requires fourteen (14) working days after TCAPM received the scanned/original completed form.

Authorised Signatory(ies)

Company Stamp (COMPULSORY for companies, businesses, societies, etc)

Name / IC No :

Designation : i.e. Head of Accounts/Finance/CFO/CEO or equivalent (COMPULSORY for companies)