

RELIEF ASSISTANCE PROGRAMME - COVID-19 REQUEST FORM**APPLICATION TO CONVERT CORPORATE CREDIT CARD FACILITY INTO INSTALMENT PROGRAMME****COMPANY DETAILS**

Company Name:	<input type="text"/>
Business Registration No.:	<input type="text"/>
Contact No.:	<input type="text"/>
Business/ Mailing Address:	<input type="text"/>
	<input type="text"/>
Email Address:	<input type="text"/>

CORPORATE CREDIT CARD DETAILS

- 1) Credit Card No.: _____ (Last 4 digits)
- 2) Credit Card No.: _____ (Last 4 digits)
- 3) Credit Card No.: _____ (Last 4 digits)
- 4) Credit Card No.: _____ (Last 4 digits)
- 5) Credit Card No.: _____ (Last 4 digits)

*For additional card account, please provide a separate listing.

TENURE SELECTION

6 Months 12 Months 24 Months 36 Months

DECLARATION

- I hereby declare that I am the authorised signatory for the company.
- I/We agree that Malayan Banking Berhad shall reserve the absolute right to approve or decline my application.
- The information provided in this application is true, complete and accurate.
- By signing this form, I/we am declaring that I/we have read, understood, expressly consented to and authorised Malayan Banking Berhad to convert my/our credit card facility to instalment programme.

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Authorize Signatory
Name:
Designation :
Email Add. :

.....
Authorize Signatory
Name :
Designation :
Email Add.:

