

| | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|
| Branch Code | | | | | | | | | |
| Employee No. | | | | | | | | | |

GENERAL CUSTOMER INFORMATION FORM

▶ PRODUCTS INTERESTED IN

- | | | |
|--|---|---|
| <input type="checkbox"/> Savings/Current/Fixed Deposit/Fixed Return Income Account-i | <input type="checkbox"/> Credit Card/-i(s) | <input type="checkbox"/> Auto Financing |
| <input type="checkbox"/> Term Financing-i Secured by ASB | <input type="checkbox"/> Property Financing | <input type="checkbox"/> Personal Financing |

▶ MY PERSONAL DETAILS

Are you an existing customer Yes No

Salutation

Mr Mrs Miss Madam

Others, please specify _____

Full Name as per NRIC/Passport

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

NRIC/Passport no.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Passport Expiry Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Other Identification no.

MyTentera MyPolis Old I/C Birth Certificate

Identification no. _____

Nationality

MALAYSIAN (Please ✓ one)

Bumiputra Non-Bumiputra

Non-MALAYSIAN, please specify country, visa type and expiry date of visa

Country _____

Visa type

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

 Code*

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Visa document number _____

Visa expiry date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Residency Status (Please ✓ one)

Resident Permanent Residency

Malaysia My 2nd Home

Non-Resident, please specify Country of Residence _____

Race

Malay Chinese Indian

Others, please specify _____

Gender Male Female

Date of Birth

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Marital Status

Single Married Widowed

Divorced Separated

With Dependent Children

No Yes, please specify how many _____

Highest Education Level (Please ✓ one)

Not applicable Primary Secondary

Diploma Professional Qualification

Bachelor Masters Doctorate

*for Bank use only

► MY CONTACT DETAILS

Residential Address

| | |
|----------|---------|
| | |
| | |
| Postcode | City |
| State | Country |

Residence Type (Please ✓ one)

| | |
|--|--|
| <input type="checkbox"/> Employer's Quarters | <input type="checkbox"/> Family Home/Relatives |
| <input type="checkbox"/> Own (Mortgaged) | <input type="checkbox"/> Own (Not Mortgaged) |
| <input type="checkbox"/> Rented | |

Office Address

| | |
|----------|---------|
| | |
| | |
| Postcode | City |
| State | Country |

Please Select Preferred Mailing Address

Residential Address Office Address

Note: For credit card, preferred mailing address is defaulted to Residential Address.

If you prefer an alternative mailing address please indicate below

| | |
|----------|---------|
| | |
| | |
| Postcode | City |
| State | Country |

Home Phone no.

Mobile no.

E-mail Address (required)

► MY EMPLOYMENT/BUSINESS DETAILS

Employer Name

Office Phone no.

Gross Monthly Income

Other Monthly Income

Source of Income

| | | | | | |
|----------------------|-------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | Code* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|-------|----------------------|----------------------|----------------------|----------------------|

Other Source of Income

| | | | | | |
|----------------------|-------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | Code* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|-------|----------------------|----------------------|----------------------|----------------------|

Occupation

| | | | | | |
|----------------------|-------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | Code* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|-------|----------------------|----------------------|----------------------|----------------------|

Employment Type

| | | | | | |
|----------------------|-------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | Code* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|-------|----------------------|----------------------|----------------------|----------------------|

*for Bank use only

Employment Status

Permanent Contract Temporary

Employment Sectors

| | | | | | |
|----------------------|-------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="text"/> | Code* | <input type="text" value="1"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
|----------------------|-------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|

Type of Company (Please ✓ one)

| | |
|--|---|
| <input type="checkbox"/> CIMB Group | <input type="checkbox"/> MNC (Non FI) |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> KLSE listed |
| <input type="checkbox"/> Financial Institution (FI) | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Public Ltd Company - Not Listed | <input type="checkbox"/> Sole Proprietorship/ Partnership |
| <input type="checkbox"/> None/Unemployed | |
| <input type="checkbox"/> Others <input type="text"/> | |

Size of Current Employment Company (Please ✓ one)

<15 employees 15-50 employees
 >50 employees

Length of Service

| | | | | |
|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|
| <input type="text" value="Y"/> | <input type="text" value="Y"/> | / | <input type="text" value="M"/> | <input type="text" value="M"/> |
|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|

Total Working Experience

| | | | | |
|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|
| <input type="text" value="Y"/> | <input type="text" value="Y"/> | / | <input type="text" value="M"/> | <input type="text" value="M"/> |
|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|

➤ DECLARATION/DISCLOSURE BY APPLICANT(S)/GUARANTOR**

** These declaration shall apply to all CIMB Bank Berhad and/or CIMB Islamic Bank Berhad, as the case may be, (“the Bank”) product(s) which you apply for as stated in the application form(s). The Bank refers to CIMB Bank Berhad and/or CIMB Islamic Bank Berhad, as the case may be, being the licensed financial institution granting the account/loan/financing product(s) referred to in the application form(s) completed by me/us.

FOR ALL PRODUCTS:

1. I/We declare that the information furnished in this application form(s) completed by me/us in relation to the account/loan/financing product(s) applied for by me/us are true, accurate and complete. I/We have not withheld any information which may prejudice my/our application or have a bearing on the Bank’s decision.
2. The application forms remain the Bank’s property regardless of whether the facility/account is approved and the Bank reserves the right to reject the application(s) at its sole discretion without any reasons whatsoever.
3. I/We have not committed any act of bankruptcy and/or been adjudged a bankrupt.
4. I/We confirm that the Bank is authorised to verify and/or make any checks and/or obtain any information and/or confirmation at any time now and/or in the future, with or from any source, previous, current and future employers and/or any credit reference/reporting agencies, including but not limited to CCRIS, CTOS, FIS and/or any other agencies and/or from any financial institution and to provide to such aforesaid party(s) with the required information requested to enable the Bank to ascertain my/our status for the consideration of the application(s) and thereafter if the application(s) is approved for the purposes of grant and/or continued maintenance of the facility/account; and/or recovery of debts owing under the facility/account; and/or any purpose related to or in connection with the facility/account applied for; and/or for any other purpose that is required or permitted by any law, regulations, guidelines and/or relevant regulatory authorities.
5. I/We consent and authorise any credit reporting agency registered under the Credit Reporting Agencies Act 2010 (“CRA”) to process and disclose any of my/our credit information (as defined in the CRA) in the records of the CRA to the Bank for the purposes of processing or considering the application/ additional application for the Bank’s products including but not limited to credit evaluation, fraud checks, credit reviews, credit monitoring and debt recovery processes. I/We further consent and authorise the credit reporting agencies to disclose any of my/our credit information to the credit reporting agencies’ subscribers for purposes of fraud detection and fraud prevention.
6. Anti-Money Laundering (AMLA) - I/We assure the Bank that I/we will exercise due care not to facilitate funds from proceeds of any unlawful activity to be channeled through my/our account(s) with the Bank and undertake to provide the Bank with all relevant information and documents, as and when requested, for purposes of my/our identification and/or verification of the source of my/our funds or purpose of transaction under the “Know Your Client” principle.
7. I/We acknowledge the key contract terms affecting my/our obligations in relation to the account/loan/financing product(s) applied for have been adequately explained to me/us.

8. Taxes

I/We am/are aware that the facility/account may be subject to taxes (including but not limited to indirect taxes or withholding taxes), where applicable, as may be imposed by the Government of Malaysia or by any other government in any jurisdiction and I/we hereby further agree that I/we shall be liable for any taxes payable in connection with or arising out of facility/account and I/we hereby authorised the Bank to debit my/our account with the Bank for the same.

9. Declaration On Foreign Account Tax Compliance Act (FATCA)

| | Principal Applicant | Joint Applicant/Supplementary Card Applicant/Guarantor/Registered Owner (where applicable) | Joint Applicant/Supplementary Card Applicant/Guarantor/Registered Owner (where applicable) |
|---|--|--|--|
| Please select Yes or No for each of the following questions | | | |
| 1. Are you a U.S. Resident? (including a current work permit) | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> |
| 2. Are you a U.S. Citizen or a Citizen of a U.S. Territory? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> |
| 3. Do you hold a U.S. Permanent Resident Card (Green Card)? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tax Number <input type="text"/> |
| Passport/ID No. (please include the 8-digit/letter U.S. VISA, where applicable) | | | |

I/We hereby confirm the information provided in the table above is true, accurate and complete. Subject to the applicable local laws, I/we hereby consent for CIMB Group, its parent or ultimate holding company or any of its affiliates (including branches) (collectively known as “CIMB”) to share my/our information with domestic or overseas regulators or tax authorities where necessary to establish my/our tax liability in any/or the relevant jurisdiction. Where required by domestic or overseas regulators or tax authorities, I/we also understand and agree that CIMB may be required to obtain additional documents and/or forms, which I/we will sign, if I/we am/are subject to the relevant jurisdiction’s requirements. Where required by domestic or overseas regulators or tax authorities, I/we understand and agree that CIMB may withhold, and pay out, from my/our account(s) such amounts as may be required according to applicable laws, regulations, directives, and/or agreements with and/or from domestic or overseas governmental, supervisory or regulatory authorities. I/We also agree and undertake to notify CIMB (within 30 calendar days), or provide the information if requested by the Bank, if there is a change in any information which I/we have provided to CIMB.

➤ DECLARATION/DISCLOSURE BY APPLICANT(S)/GUARANTOR... CONTINUED**

10. Declaration on Politically Exposed Person¹ ("PEP")

I declare that I am/used to be formerly a Politically Exposed Person ("PEP")¹/Family Member² of the PEP/Close Associates³ of the PEP.

| Principal Applicant | Joint Applicant/Supplementary Card Applicant/Guarantor/Registered Owner (where applicable) | Joint Applicant/Supplementary Card Applicant/Guarantor/Registered Owner (where applicable) |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If "YES" has been selected for any of the above, please tick (✓) on the appropriate boxes in the table below. For further clarification please refer to the "Notes".

| | Principal Applicant | Joint Applicant/Supplementary Card Applicant/Guarantor/Registered Owner (where applicable) | Joint Applicant/Supplementary Card Applicant/Guarantor/Registered Owner (where applicable) |
|--|--|--|--|
| 1. I am/We are a PEP ¹ . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am/We are a Family Member ² of the PEP. | <input type="checkbox"/> Code*: <input type="text"/> <i>Please find the respective codes under Notes.</i> | <input type="checkbox"/> Code*: <input type="text"/> <i>Please find the respective codes under Notes.</i> | <input type="checkbox"/> Code*: <input type="text"/> <i>Please find the respective codes under Notes.</i> |
| 3. I am/We are Close Associate ³ of the PEP. | <input type="checkbox"/> Code*: <input type="text"/> <i>Please find the respective codes under Notes.</i> For "Others", please specify (mandatory) <input type="text"/> | <input type="checkbox"/> Code*: <input type="text"/> <i>Please find the respective codes under Notes.</i> For "Others", please specify (mandatory) <input type="text"/> | <input type="checkbox"/> Code*: <input type="text"/> <i>Please find the respective codes under Notes.</i> For "Others", please specify (mandatory) <input type="text"/> |

Notes:

¹ Politically Exposed Person ("PEP") - a person who is or has been entrusted with a prominent public function. For example, Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.

² Family Member of the PEP: 002 - Spouse, 003 - Child, 004 - Parents, 005 - Parents-in-law, 006 - Siblings, 007 - Relative/Extended Family.

³ Close Associates of the PEP: 008 - Work Colleague, 009 - Close Friend, 010 - Driver, 011 - Bodyguard, 012 - Secretary, 013 - Political Adviser, 014 - Guarantor, 015 - Business Associate, 016 - Business Partner, 017 - Lawyer, 018 - Person Acting on Behalf, 099 - Others (it is mandatory to specify).

11. Privacy Notice Acknowledgement

I/We hereby acknowledge that I/we have accessed and/or read the Privacy Notice issued by CIMB Group (which is available at all CIMB branches as well as at the CIMB website at www.cimb.com.my or has otherwise been made available to me/us) and confirm my/our agreement to the same.

➤ DECLARATION/DISCLOSURE BY APPLICANT(S)/GUARANTOR... CONTINUED**

DECLARATIONS FOR FINANCING PRODUCTS: FOR TERM FINANCING-i SECURED BY ASB CERTIFICATE, AUTO FINANCING, CASH PLUS PERSONAL LOAN/XPRESS CASH FINANCING-i, CREDIT CARD/CREDIT CARD-i, PROPERTY FINANCING PRODUCT(S)

- I/We also acknowledge that it is a requirement by Bank Negara Malaysia ("BNM") that all information relating to the application(s), whether successful or otherwise must be updated and/or transmitted to the Central Credit Reference Information System ("CCRIS"), a database maintained by BNM.
- I/We declare that I/we have received, read, and understood the Terms and Conditions governing the operation and/or conduct of the facility/account, and agree to comply with and be bound by the same and any amendments to the same which the Bank may subsequently introduce from time to time upon giving adequate prior notice to me/us.
- I/We declare that I/we have/do not have outstanding debt payment obligation from non-banks (e.g. cooperative building societies, credit companies and merchants that provide credit sales). Particulars of the main applicant's outstanding debt payment obligation are as follows (no declaration from the main applicant denotes that this declaration is not applicable) :

| No. | Name of Entity | Amount of Outstanding Debt (RM) | Monthly Instalment Amount (RM) |
|-----|----------------|---------------------------------|--------------------------------|
| 1 | | | |
| 2 | | | |

Particulars of the joint-applicant's/guarantor (if applicable) outstanding debt payment obligation are as follows (no declaration from the joint-applicant/guarantor denotes that this declaration is not applicable):

| No. | Name of Entity | Amount of Outstanding Debt (RM) | Monthly Instalment Amount (RM) |
|-----|----------------|---------------------------------|--------------------------------|
| 1 | | | |
| 2 | | | |

- In connection with the Bank Negara Guidelines on Credit Transactions and Exposures with Connected parties, I/we hereby declare that (no declaration from the applicant(s) denotes that this declaration is not applicable):

- I am a staff of the CIMB Group¹;
 To the best of my knowledge, I have close relative(s)² employed under the CIMB Group or who have acted as my guarantor.

Particulars of my close relatives in CIMB Group and whether they have acted as my guarantor:

| Name | I/C/Passport No. | Relationship | Acted As Guarantor (Indicate Yes or No) |
|------|------------------|--------------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

¹ CIMB Group means CIMB Bank Berhad or CIMB Islamic Bank Berhad or CIMB Investment Bank Berhad or other subsidiaries or companies controlled by the aforesaid respective banking institutions.

² Close relative(s) include parents/spouse of staff including the spouse's dependents/children/spouse of the children/brother and sister/spouse of brother/sister and any other dependents or persons who may influence/be influenced by the staff.

- If my/our credit facility application is declined, I/we agree and consent to the Bank disclosing the reason(s) for the decline to Agensi Kaunseling dan Pengurusan Kredit ("AKPK"), if requested by AKPK.

PRODUCT SPECIFIC DECLARATIONS FOR CREDIT CARD/CREDIT CARD-i

I/We hereby request the Bank to issue, upon approval of this application, the credit card/credit card-i(s) which I/we have indicated. I/We acknowledge that the credit card(s) issued to me/us shall be subject to the Bank's Credit Card Terms and Conditions which is available in the Bank's website at www.cimb.com.my, and I/we further agree to be bound by the terms and conditions set forth in the Bank's Credit Card Terms and Conditions upon activation of the credit card(s). I, the Principal Applicant further agree to accept joint and several liability for all amounts incurred arising from the use of the Principal and/or Supplementary credit card/credit card-i(s) issued pursuant to this application or at any time thereafter at my and/or the Supplementary Applicant's request. I/We further understand that the Bank shall not hold the Supplementary Applicant jointly and severally liable for the debts or amounts incurred by the Principal Applicant or other Supplementary Applicant(s). I/We understand that the credit card(s) when issued shall at all times remain the property of the Bank and must be duly returned upon request by the Bank. I/We further agree to accept liability for all amount incurred arising from the use of my/our credit card(s) issued pursuant to this application or at any time thereafter at my/our request. I/We agree to be bound by the Bank's E-Mail Statement Delivery Terms and Conditions and Statement Accessed Via CIMB Clicks Terms and Conditions available at the Bank's website – www.cimb.com.my in respect of all my/our statements sent to me/us by e-mail and/or viewed by me/us via CIMB Clicks.

PRODUCT SPECIFIC DECLARATIONS FOR SAVINGS ACCOUNT/SAVINGS ACCOUNT-i, CURRENT ACCOUNT/CURRENT ACCOUNT-i, FIXED DEPOSIT/FIXED RETURN INCOME ACCOUNT-i

- I/We confirm having read, understood and retained a copy of the Terms and Conditions in respect of ATM and Debit Card (where debit card is applicable)/Phone Banking and agree to be bound by them.
- I/We acknowledge and agree the Bank reserves the right to close my/our account at its absolute discretion if my/our account does not comply with the Bank's requirements.
- For Current Account/Current Account-i, I/We declare that no account(s) in my/our name(s) has/have been previously reported to the Dishonoured Cheque Information System of Bank Negara Malaysia.
- For Joint Account - The joint account shall be operated by anyone of us, including any deposit, withdrawal or closure, unless specified otherwise. Any one of us is authorised to deposit any instruments for payments of money payable to the individual orders of any of us without the personal endorsement of the payee. In the event of the death of either/any of us, the Bank is authorised to pay any credit balance of the account to the survivor(s) subject to compliance (if required) with the relevant statutory legislation, the Bank's internal policy and/or in the case of an account opened with CIMB Islamic Bank Berhad, Shariah principle.
- I/We confirm that my/our personal account shall only be used for my/our personal non-business purposes (such as savings, investment, education and personal or living expenses). I/We undertake to open, maintain or establish a separate business or non-personal account for business, association, society, or trading purposes.
- (a) Where the application is with CIMB Bank Berhad (Authorisation to CIMB Islamic Bank Berhad to Debit Account) To CIMB Islamic Bank Berhad I/We acknowledge and agree that CIMB Islamic Bank Berhad shall be entitled to debit or cause to be debited any of my/our accounts maintained with CIMB Islamic Bank Berhad, for any charges payable to it and in addition, I/we authorise CIMB Islamic Bank Berhad to debit any of my/our accounts held with CIMB Islamic Bank Berhad upon instructions from CIMB Bank Berhad and remit the moneys to CIMB Bank Berhad for the payment of fees and charges in relation to any account(s) and/or banking products and/or services and/or facilities granted by the CIMB Bank Berhad to me/us.
 (b) Where the application is with CIMB Islamic Bank Berhad (Authorisation to CIMB Bank Berhad to Debit Account) To CIMB Bank Berhad I/We acknowledge and agree that CIMB Bank Berhad shall be entitled to debit or cause to be debited any of my/our accounts maintained with CIMB Bank Berhad, for any charges payable to it and in addition, I/we authorise CIMB Bank Berhad to debit any of my/our accounts held with CIMB Bank Berhad upon instructions from CIMB Islamic Bank Berhad and remit the moneys to CIMB Islamic Bank Berhad for the payment of fees and charges in relation to any account(s) and/or banking products and/or services and/or facilities granted by the CIMB Islamic Bank Berhad to me/us.

APPOINTMENT OF CIMB ISLAMIC BANK AS AGENT (APPLICABLE ONLY FOR SAVINGS ACCOUNT-i, CURRENT ACCOUNT-i & FIXED RETURN INCOME ACCOUNT-i)

For Savings Account-i, Current Account-i and Fixed Return Income Account-i (collectively referred to as "the Accounts") under the Tawarruq concept, I/we hereby appoint CIMB Islamic Bank to act as my/our agent to negotiate, execute and do all acts for the sale and purchase of the Commodity in accordance with the applicable Terms and Conditions ("Terms and Conditions") of the Accounts. The agency shall commence from the date the Accounts is opened until the closure of the Accounts either by me/us or by the Bank in accordance with the applicable Terms and Conditions of the Accounts.

AUTO FINANCING APPLICATION FORM**▶ GUARANTOR**Are you an existing customer Yes NoDate of Birth

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Salutation
 Mr Mrs Miss Madam
 Others, please specify _____Marital Status
 Single Married Widowed
 Divorced SeparatedFull Name as per NRIC/Passport

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

With Dependent Children
 No Yes, please specify how many _____NRIC/Passport no.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Highest Education Level
 Not applicable Primary Secondary
 Diploma Professional Qualification
 Bachelor Masters DoctoratePassport Expiry Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

 Other Identification no.
 MyTentera MyPolis Old I/C Birth Certificate
Identification no. _____Residential Address

| | |
|----------|---------|
| _____ | |
| _____ | |
| Postcode | City |
| State | Country |

Nationality
 MALAYSIAN (Please ✓ one)
 Bumiputra Non-Bumiputra
 Non-MALAYSIAN, please specify country, visa type and expiry date of visa
Country _____
Visa type

| | | | | | |
|-------|-------|--|--|--|--|
| _____ | Code* | | | | |
|-------|-------|--|--|--|--|

Visa document number _____
Visa expiry date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Mailing Address (If different from Residential Address)

| | |
|----------|---------|
| _____ | |
| _____ | |
| Postcode | City |
| State | Country |

Home Phone no. _____
Mobile no. _____Residency Status (Please ✓ one)
 Resident Permanent Residency
 Malaysia My 2nd Home
 Non-Resident, please specify Country of Residence
_____E-mail Address (required)
_____Race
 Malay Chinese Indian
 Others, please specify _____Residence Type (Please ✓ one)
 Employer's Quarters Family Home/Relatives
 Own (Mortgaged) Own (Not Mortgaged)
 RentedGender Male FemaleRelationship with Main Applicant
 Spouse Child Relative
 Business Partner Sibling Parent
 Others

*for Bank use only

► EMPLOYMENT DETAILS (GUARANTOR)

Employer Name

| |
|--|
| |
| |

Office Phone no.

Office Address

| | |
|----------|---------|
| | |
| | |
| | |
| Postcode | City |
| State | Country |

Gross Monthly Income

RM

Other Monthly Income

RM

Source of Income

| | | | | | |
|--|-------|--|--|--|--|
| | Code* | | | | |
|--|-------|--|--|--|--|

Other Source of Income

| | | | | | |
|--|-------|--|--|--|--|
| | Code* | | | | |
|--|-------|--|--|--|--|

Occupation

| | | | | | |
|--|-------|--|--|--|--|
| | Code* | | | | |
|--|-------|--|--|--|--|

**for Bank use only*

Employment Type

| | | | | | |
|--|-------|--|--|--|--|
| | Code* | | | | |
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Employment Status

Permanent Contract Temporary

Employment Sectors

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| | Code* | 1 | 0 | 0 | 0 |
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Type of Company (Please ✓ one)

- | | |
|--|---|
| <input type="checkbox"/> CIMB Group | <input type="checkbox"/> MNC (Non FI) |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> KLSE listed |
| <input type="checkbox"/> Financial Institution (FI) | <input type="checkbox"/> Private Limited Company |
| <input type="checkbox"/> Public Ltd Company - Not Listed | <input type="checkbox"/> Sole Proprietorship/ Partnership |
| <input type="checkbox"/> None/Unemployed | |
| <input type="checkbox"/> Others _____ | |

Size of Current Employment Company (Please ✓ one)

- <15 employees 15-50 employees
 >50 employees

Length of Service

| | | | | |
|---|---|---|---|---|
| Y | Y | / | M | M |
|---|---|---|---|---|

Total Working Experience

| | | | | |
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| Y | Y | / | M | M |
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► FINANCE AND VEHICLE DETAILS

Deal Type

Dealer Direct case

Dealer/Seller's Name

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Salesman's Name

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Product Type

Fixed Rate Variable Rate

Application Type

New Unregistered Reconditioned Used

Purchase Location

Peninsular Malaysia Sabah/Sarawak
 Langkawi Labuan

Year of Make

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Date of Registration

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| D | D | / | M | M | / | Y | Y | Y | Y |
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Registration Number

Make (manufacturer)

Model

Engine Capacity (CC)

<1,000 1,000-2,000 >2,000

Fuel Type

Petrol Diesel Others _____

Price of Vehicle

RM

Amount Applied

RM

Tenure

months

Interest/Profit Rate

%

Where is the Vehicle kept?

| | |
|----------|---------|
| | |
| | |
| | |
| Postcode | City |
| State | Country |

▶ TRADE IN DETAILS

Registration Number Make (manufacturer) Year of Make

Model Trade-in Value **RM**

▶ DOCUMENTS ENCLOSED

Which of the following documents are you providing with this form?

Photocopy of applicant's NRIC/Passport Latest 3 months/6 months bank statements

Photocopy of Driving License Latest 3 months salary slip or other income evidence

Photocopy of Registration Card/Vehicle Ownership Certificate Latest EA Form/Form B with proof of tax payment/EPF Statement

Others, please specify: _____

▶ DECLARATION/DISCLOSURE BY APPLICANT(S)/GUARANTOR

PRODUCT SPECIFIC DECLARATIONS FOR AUTO FINANCING

I/We hereby:

- (i) Irrevocably authorise the named insurance company or takaful operator or any other insurance company or takaful operator acceptable to the Bank, the insurer or takaful operator of the said vehicle to forward to the Bank commencing from the date hereof, all copies of the insurance or takaful policies and/or renewal notices/policies undertaken by me/us;
- (ii) Authorise the Bank to communicate on my/our behalf on all matters relating to the aforesaid insurance or takaful policy and consent to the named insurance company or takaful operator communication with the Bank on all such matters; and
- (iii) Confirm that the authority contained herein is valid and binding to me/us so long as the insurance or takaful policy and any renewal/thereon is subsisting.

Insurance/Takaful Renewal reminder service

Optional - Please (✓) in the event you wish to receive the reminder service.

- I/We would like to receive the insurance or takaful renewal reminders issued by the Bank's approved panel of insurance company or takaful operator. I/We acknowledge that the insurance or takaful renewal reminder service is an extended service and I/we hereby give my/our consent to the Bank to disclose my/our relevant information to the Bank's approved panel of insurance company or takaful operator for purposes of sending to me/us the renewal reminders.

I/We hereby confirm that a copy of relevant Product Disclosure Sheet was provided to me/us and the key contract terms affecting my/our obligations have been adequately explained to me/us.

By signing below, I/we acknowledge and confirm making the declaration/disclosure appearing under the caption of 'For All Products' and 'Declarations for Financing Products for Auto Financing'.

Main Applicant's Signature

Guarantor's Signature

Main Applicant's Name

| | | | | | | | | | | | | | | | | | | | |
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Guarantor's Name

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NRIC/Passport no.

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NRIC/Passport no.

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Date

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Date

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| D | D | / | M | M | / | Y | Y | Y | Y |
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Note: Be sure to read and understand the terms and conditions in the Hire Purchase Agreement and to discuss further with the Bank's staff if there are any terms that you do not understand before signing the Hire Purchase Agreement.

▶ BANK USE ONLY

Serviced by

Outlet

Application ID

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Differently Abled Main Applicant Guarantor

Regional Customer Main Applicant Guarantor

| | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| Conventional Branch Code | | | | | | | |
| Employee No. | | | | | | | |
| Campaign Code | | | | | | | |

CREDIT CARD/CREDIT CARD-i APPLICATION FORM

Please tick (✓) where applicable

| | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> New Card | <input type="checkbox"/> Additional Card | <input type="checkbox"/> Supplementary Card |
|-----------------------------------|--|---|

Important Notes:

For Additional Card: ONLY fill in your Full Name, NRIC/Passport/Other ID numbers, Nationality, My Employment/Business Details & Declaration/Disclosure by applicant(s) in the General Customer Information section. Please select the card(s) that you wish to apply below. Where applicable, please complete the Monthly Repayment/Payment Section (Mandatory for Non-Malaysian) and/or Insurance Coverage.

For Supplementary Card: ONLY fill in Full Name, My Employment/Business Details & NRIC/Passport/Other ID numbers of the Principal Cardholder & Declaration/Disclosure by applicant(s) in the General Customer Information section. Please select the card(s) that you wish to apply and complete the supplementary card details.

REQUIREMENTS

| Age | Principal Card : 21 years old | | | Supplementary Card : 18 years old | | |
|--------------------------|-------------------------------|-------------------------|---------------|-----------------------------------|----------------|----------|
| Minimum Income Per Annum | Travel World Elite | Travel World Mastercard | Visa Infinite | World Mastercard | Visa Signature | Platinum |
| | RM250,000 | RM100,000 | RM120,000 | RM90,000 | RM60,000 | RM24,000 |

▶ I WISH TO APPLY FOR THE FOLLOWING CARD (PLEASE CHOOSE A MAXIMUM OF 3 CARD PRODUCTS ONLY)

A. CIMB BANK CREDIT CARD

- | | | |
|---|--|--|
| <input type="checkbox"/> CIMB Travel World Elite | <input type="checkbox"/> CIMB Visa Infinite | <input type="checkbox"/> CIMB Visa Platinum |
| <input type="checkbox"/> CIMB Travel World Mastercard | <input type="checkbox"/> CIMB World Mastercard | <input type="checkbox"/> CIMB Cash Rebate Platinum |
| <input type="checkbox"/> CIMB Travel Platinum | <input type="checkbox"/> CIMB Visa Signature | <input type="checkbox"/> CIMB e Credit Card |

B. CIMB ISLAMIC CREDIT CARD-i

- | | | |
|--|--|--|
| <input type="checkbox"/> CIMB PETRONAS Visa Infinite-i | <input type="checkbox"/> CIMB PETRONAS Visa Platinum-i | <input type="checkbox"/> CIMB Platinum-i |
|--|--|--|

Important Note: (1) Additional credit card-i/credit card will share a combined credit limit. (2) Please sign within the signature box.

▶ MY PERSONAL DETAILS

Note: Credit Card Statement will be sent to the e-mail address provided above. For existing cardholders, your other statements will also be sent to this e-mail address.

Name to Appear on Card (Not more than 19 letters)

| | | | | | | | | | | | | | | | | | | |
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Mother's Maiden Name

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▶ MY EMERGENCY CONTACT

Name

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Relationship to Principal Cardholder/Applicant

| | | | | | | | | | | | | | | | | | | |
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Contact no.

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► SUPPLEMENTARY CARD DETAILS

Salutation

Mr Mrs Miss Madam
 Others, please specify _____

Full Name as per NRIC/Passport

| | | | | | | | | | | | | | | | | | | | |
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NRIC/Passport no.

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**For Passport holders please indicate your passport expiry date*

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| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Other Identification no.

MyTentera MyPolis Old I/C Birth Certificate
 Identification no. _____

Occupation

| | | | | | | | | | | | | | | | | | | | |
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Employment Sectors

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E-mail Address *(required)*

| | | | | | | | | | | | | | | | | | | | |
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Relationship to Principal Cardholder/Applicant

| | | | | | | | | | | | | | | | | | | | |
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Mother's Maiden Name (for verification purposes)

| | | | | | | | | | | | | | | | | | | | |
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**for Bank use only*

Mobile no.

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Home Phone no.

Office Phone no.

| | | | | | | | | | | | | | | | | | | | |
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Race

Malay

Chinese

Indian

Others, please specify _____

Nationality

MALAYSIAN (Please ✓ one)

Bumiputra

Non-Bumiputra

Non-MALAYSIAN, please specify country, visa type and expiry date of visa

Country _____

Visa type

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Visa document number _____

Visa expiry date

| | | | | | | | | | |
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| D | D | / | M | M | / | Y | Y | Y | Y |
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Name to Appear on Card (Not more than 19 letters)

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Yes I would like to nominate a credit limit for this supplementary application of :

RM

Note: The total combined credit limits cannot exceed the principal cardholders current approved credit limit. If no nomination is made specifically, the supplementary card will share the principal credit limit.

► SIGNATURE

By signing here, I acknowledge and confirm making the declaration/disclosure appearing under the caption of 'For All Products', 'Declarations for Financing Products' and 'Product Specific Declarations For Credit Card/Credit Card-i'.

Principal Credit Card-i/Credit Card Applicant's Signature :

| | | | | | | | | | | | | | | | | | | | |
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Full Name as per NRIC / Passport

| | | | | | | | | | | | | | | | | | | | |
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NRIC/Passport no.

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Date

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Supplementary Credit Card-i/Credit Card Applicant's Signature :

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Full Name as per NRIC / Passport

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NRIC/Passport no.

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Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
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**➤ INSURANCE COVERAGE (OPTIONAL) - CREDIT PROTECTOR PLUS ("CPP")
(FOR CIMB BANK CREDIT CARDS ONLY)**

(Please tick (✓) to confirm your application for CPP and your acknowledgement and agreement to the declarations hereunder. Please read the 'Important Notice to Applicant for CPP' before confirming your application for CPP.)

- Yes, I wish to apply for Credit Protector Plus ("CPP") which is a life insurance plan offered, underwritten and issued by Sun Life Malaysia Assurance Berhad ("Sun Life Malaysia") to settle the outstanding balance, of up to the aggregate sum of RM150,000 per life assured, of the CIMB credit card(s) and supplementary credit card(s), if any, which is approved and issued to me pursuant to my application in this application form in the event of death, total and permanent disability, or diagnosis of any of the 36 covered critical illnesses.
- I hereby declare, acknowledge, confirm, consent and/or authorise the following :
1. I am between 18 and 60 years old, in good health, free from any physical impairment or deformity, have not been suffering from or have not received or expect to receive any treatment for any symptoms, medical condition or disabilities, cancer, tumor, heart condition, stroke, HIV infection or related conditions.
 2. I have read, fully understood and agree to be bound by (i) the terms and conditions of the CPP Group Master Policy which is available for viewing at sunlifemalaysia.com and (ii) the information, benefits and exclusions under CPP which are summarized but not exhaustive in the CPP Product Disclosure Sheet which I have received.
 3. I hereby consent and authorise CIMB Bank to disclose the relevant information contained in this application form to Sun Life Malaysia and I understand and agree that any of my personal information collected or held by Sun Life Malaysia (whether contained in this application or otherwise obtained) may be held, used, and disclosed by Sun Life Malaysia to individuals or organisations related to or associated with Sun Life Malaysia 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 the CPP and to communicate with me for such purposes. I understand that I am entitled to obtain access to and to request correction of any personal information held by Sun Life Malaysia and that such request can be made to Sun Life Malaysia's Customer Careline at 1300-88-5055. I will keep Sun Life Malaysia updated of any change to such personal information as soon as possible.
 4. If my application for CPP is approved, and upon my successful enrolment as CPP life assured, I understand a Certificate of Insurance will be issued by Sun Life Malaysia and sent by Sun Life Malaysia to me. I am aware that I have a free-look period of 15 days ("Free-look Period") from the date of delivery of the Certificate of Insurance, to review the suitability of the Certificate of Insurance and I am entitled to cancel the Certificate of Insurance within the Free-look Period by informing Sun Life Malaysia.

Important Notice to Applicant of CPP:

- a) Please note that you are to disclose in this application form fully and accurately/correctly all the statements or information given by you; otherwise the Certificate of Insurance issued hereunder may be avoided, your claim denied or reduced, the terms of the certificate changed or varied or the certificate terminated. Please note that you must inform Sun Life Malaysia of any change to statement or information given by you in this application form if the change occurred after you have submitted the application but before the insurance coverage is provided.
- b) The CPP Product Disclosure Sheet is provided to you to summarize the benefits which are guaranteed and those which are not guaranteed and your duties as a life assured under the Certificate of Insurance issued hereunder.
- c) Proof of age is required prior to the payment of any benefit under the Certificate of Insurance.
- d) Please refer to the CPP Group Master Policy for the exact terms, conditions and exclusions. A copy of the Master Policy can be viewed and downloaded from Sun Life Malaysia's official website at sunlifemalaysia.com.
- e) Sun Life Malaysia is registered under the Financial Services Act 2013 and is regulated by Bank Negara Malaysia. Sun Life Malaysia being the registered insurer and underwriter of CPP shall undertake the full insurance obligations under CPP. CIMB Bank merely acts as a Distributor. CPP is not a CIMB Bank product and therefore not an obligation of nor guaranteed by CIMB Bank and/or its affiliates and subsidiaries.
- f) The coverage under CPP shall not take effect until Sun Life Malaysia has processed and approved your application. Commencement of CPP insurance coverage and any other matter or conditions pertaining to CPP are at the sole determination and decision of Sun Life Malaysia.
- g) The monthly premium amount calculated at RM0.60 for every RM100 of the monthly outstanding balance of the enrolled CIMB credit card(s) will be charged to the credit card(s)' monthly statement(s). Please note that the premium rate is not guaranteed and Sun Life Malaysia reserves the right to revise the premium rate. You will be notified by Sun Life Malaysia via written notice at least 30 days prior to the premium revision which will be applicable from the next certificate anniversary.
- h) Sun Life Malaysia reserves the right to reject your application and CIMB Bank is entitled to give full refund to you without any interest in the event the application for CPP is rejected by Sun Life Malaysia and you shall not have any claim whatsoever against CIMB Bank.
- i) You are obliged to accept the refund from CIMB Bank and not to insist on the CPP cover in the event that Sun Life Malaysia has rejected your application.

Principal Card Applicant's Signature

| |
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Sun Life Malaysia Authorized Representative's Signature

| |
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Name of Applicant

| |
|--|
| |
|--|

Full Name

| |
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| |
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NRIC/Passport no.

| |
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Staff ID

| |
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Date of Birth

| | | | | | | | | | |
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| D | D | / | M | M | / | Y | Y | Y | Y |
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Date

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Date

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| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Branch Name

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| |
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Branch Code

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| |
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Customer's NRIC/Passport No. :

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