

# affinOnline.com INDEMNITY LETTER

COMPANY'S NAME AND ADDRESS (LETTER HEAD)

## APPLICATION FOR INTERNET BANKING affinOnline.com Print / View STATEMENT SERVICE

IT WAS RESOLVED THAT:

1. That the company do hereby apply for AFFINBANK Internet Banking affinOnline.com Print / View Statement Service.
2. The authority be in and is hereby given to the following nominated person-in-charge by the company to configure the settings in AFFINBANK Internet Banking affinOnline.com and also responsible to create User ID for the company and execute services pertaining to the above mentioned for and on behalf of the company.

| PERSON-IN-CHARGE INFORMATION |                                   |
|------------------------------|-----------------------------------|
| Name                         | ID (New / Old IC, Passport , etc) |
| Office Contact No. / Fax No. | E-mail Address                    |
| Mobile Phone No.             | Signature                         |

This authority shall continue in force and irrevocable until I / We have expressly revoked it by notice in writing received by you.

Notwithstanding anything contained herein we shall not hold you liable for any damages, losses, costs of any whatsoever nature and howsoever suffered by us as a result of you allowing us to utilise the services herein. We shall undertake and agree to indemnify you and keep you fully indemnified against all and any losses, damages, costs (including solicitor client costs on a full indemnity basis) suffered or incurred by you as a result of our utilisation of the services herein.

We hereby certify the above to be true copy of the affinOnline.com Indemnity form and agree to apply AFFINBANK Internet Banking affinOnline.com Print / View Statement Service provided by AFFINBANK Berhad (Hereinafter referred to as the AFFINBANK Group) as set out the above and **attached together with Company's Board of Resolution.**

| AUTHORISED SIGNATORY INFORMATION                              |           |   |           |
|---|-----------|---|-----------|
| Name of Chairman / Directors / Partners / Sole Proprietors* : | Signature | Name of Chairman / Directors / Partners / Sole Proprietors* : | Signature |
| Date:   |           | Date:   |           |
| Name of Chairman / Directors / Partners / Sole Proprietors* : | Signature | Name of Chairman / Directors / Partners / Sole Proprietors* : | Signature |
| Date:   |           | Date:   |           |
| Company Stamp   |           |   |           |

- ❖ All Authorised signatories are required to sign to certify affinOnline.com Indemnity form
- ❖ Please delete where inapplicable.