

MAYBANK

BORANG PENDAFTARAN / KEMASKINI / PEMBATALAN PERKHIDMATAN BAYARAN BIL ATM KAWANKU ATM BILL PAYMENT REGISTRATION / SERVICE UPDATE FORM

MAP02

Bahagian 1 Section 1	Untuk Diisi oleh Pengguna MAYBANK Kawanku ATM kad <i>To be completed by MAYBANK Kawanku ATM Card User</i>	Tarikh Date	No. Telefon: Contact No.:
No. Kad ATM ATM card No.	<input type="text"/>	No. Akaun Account No.	<input type="text"/>
Nama 1 / Name 1	<input type="text"/>	No. K/P	<input type="text"/>
Nama 2 / Name 2	<input type="text"/>	No. K/P	<input type="text"/>
Sila tandakan di dalam kotak di bawah mengikut arahan transaksi / Please tick your instruction in the box below:			
<input type="checkbox"/>	Sila daftar penerima di bawah ke dalam senarai bayaran bil saya <i>Please include the following payee to my Bill Payment List</i>		
<input type="checkbox"/>	Sila batalkan Perkhidmatan Bayaran Bil daripada senarai bayaran bil saya. <i>Please cancel the following Payee Corporation (by reference number) from my Bill Payment List</i>		
<input type="checkbox"/>	Sila batalkan Perkhidmatan Bayaran Bil (keseluruhan) <i>Please cancel my ATM Bill Payment facilities (all payments)</i>		
Sila isikan nama Badan Penerima dan No Rujukan/ No pinjaman/ No invoice/ No keahlian <i>Please fill in the name of the payee Corporation and the Bill reference no / hire purchase number/ membership number</i>			
Nama Perbadanan yang dibayar <i>Payee Corporation to be paid</i>	No Rujukan/ No Pinjaman/ No Invoice/ No Keahlian <i>Bill Reference No / Hire Purchase No/ Membership No</i>	Kod Pembayaran <i>Payment Code</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Payee Corp Address :			
<input type="text"/>		Tandatangan pemegang Akaun : Signature	Pemegang Akaun 1 Pemegang Akaun 2
<input type="text"/>		Witness By Signature	Agent (Name & IC No)
Bahagian 2 Section 2	Untuk kegunaan Cawangan <i>For Branches use only</i>	Tarikh Date	
Ulasan : <input type="text"/>			
Remarks : <input type="text"/>			Tandatangan Pegawai Cawangan Branch officer's Signature
Bahagian 3 Section 3	Untuk kegunaan Pusat Operasi ATM <i>For ATM operational Centre use only</i>	Tarikh Date	
<input type="checkbox"/>	Perkhidmatan dibatalkan <i>Service cancelled</i>	<input type="checkbox"/>	Bil ditambah <i>Bill updated</i>
<input type="checkbox"/>	Bil dibatalkan <i>Bill cancelled</i>	Diluluskan : Approved by : <input type="text"/>	
Sila hantar borang ini kepada : <i>Please send this form to :</i>		Tandatangan Pengesahan Authorised Signatory	
<p>Maybank Centralised Payment Central Operations 2nd Floor, Menara Maybank 100, Jalan Tun Perak, 50050 Kuala Lumpur Attn: Pn Siti Khairinah / Pn Surayah</p>			
<p>NOTE: The transaction will take effect within 5 working days from the date received by Maybank Centralised Payment Operation. <i>There will be no notification to customer. Hence customer may check the availability at ATM after 5 working days.</i> Steps to check at ATM: Insert ATM card > Key in the PIN number > Bill Payment > View / select the Company Name</p>			