



DIRECT CREDIT (GIRO) AUTHORISATION FORM

Name of Company: _____

Address: _____

Contact Person /
Designation: _____

Telephone No: _____

Emails address _____ (For transmission of payment advice)

Bank Details

We hereby authorize AXA AFFIN GENERAL INSURANCE BHD to credit payments to our company bank account as stated below:

Name of Bank:	
Account Name:	
Account No:	
Bank Address:	
Bank Branch:	
Swift Code:	

Amounts credited to the above-mentioned bank account would constitute valid discharge of obligations due to us in relation to claims payment. This authorisation will remain in force until expressly revoked by notice in writing 30 days in advance before the change. In the event of a change in bank account, we shall inform you in writing no later than 7 days after the change.

Authorised Signature

Name

Company's Stamp

Date