

AMBank VIRTUAL CARD APPLICATION FORM



Your Bank. Malaysia's Bank. AmBank.

Please complete and submit this form with a photocopy of your Identification Card / Passport and Form D (only for Sole Proprietor) to any AmBank or AmIslamic branches or mail to AmBank Contact Centre, P.O. Box 12617, 50784 Kuala Lumpur or fax to 03-2171 3171.

A

Name of Applicant (as per new NRIC/Passport)

Name of Company (as per Form D)

New NRIC/Passport

Business Reg. No

Address

City and State

Postcode

Email

Office Tel No.

Home Tel No.

Handphone No.

Accounts to be registered

Type of Account	Account No.
1	
2	
3	
4	
5	
6	

NOTE:

Virtual Card cannot be issued for AmGenius and AmStar Extreme account.

B

AmBank (M) Berhad (8515-D) (the Bank) constantly enhances its services and product proposition to its valued customers. Please tick () below to indicate your interest. / AmBank (M) Berhad (8515-D) (Bank) sentiasa memperingkatkan produk dan perkhidmatan demi para pelanggan yang dihargai. Sila tandakan () kotak di bawah jika anda berminat.

- Yes, I wish to receive the latest updates on Marketing programmes and promotions conducted by the Bank in alliance with its preferred partners or within AmBank Group. I agree to the sharing of my mailing and contact information (excluding financial/ account details) by the Bank with any party. / Ya, saya ingin menerima program pemasaran dan promosi terkini yang dijalankan oleh pihak Bank serta rakan niaganya atau oleh Kumpulan AmBank. Saya bersetuju untuk memberikan alamat saya dan nombor perhubungan (kecuali butiran kewangan/ akaun) kepada Bank untuk kegunaan mana-mana pihak.
- No, I do not wish to receive the latest updates on Marketing programmes and promotions conducted by the Bank in alliance with its preferred partners or within AmBank Group. I do not agree to the sharing of my mailing and contact information (excluding financial/ account details) by the Bank with any party. / Tidak saya tidak ingin menerima program pemasaran dan promosi terkini yang dijalankan oleh pihak Bank serta rakan niaganya atau oleh Kumpulan AmBank. Saya tidak bersetuju untuk memberikan alamat saya dan nombor perhubungan (kecuali butiran/ akaun) kepada Bank untuk kegunaan mana-mana pihak.

Note/Nota: You may wish at any time to provide/ withdraw consent for disclosure of your information by calling the AmBank Contact Centre at 1300 80 8888 (Domestic) or +603-2178 8888 (International). / Anda pada bila-bila masa boleh memberikan persetujuan untuk mendedahkan/ menarik balik maklumat anda dengan menghubungi Pusat Panggilan AmBank di 1300 80 8888 (Domestik) atau +603-2178 8888 (Antarabangsa)

DECLARATION

I understand and agree that my application for AmBank Virtual Card shall be subjected to the *Terms & Conditions and any changes made from time to time by the AmBank Group. I confirm all information given herein above is true, correct and complete.

*Please refer to ambankgroup.com for Terms and Conditions

Applicant's Signature

NRIC (New) / Passport / Business Reg. No

Date

Note: (1) For joint accounts, the condition of signature must be "either/ or" to sign. (2) Applicants below 18 years of age are not eligible to apply.

**FOR BANK
USE ONLY**

Branch: _____

NRIC Verified by:

Signature Verified by: _____