

Dear Policyholder(s)

In compliance with the regulatory requirements on Prevention of Money Laundering and Countering the Financing of Terrorism, kindly complete the below section and return the completed form to us at Menara Great Eastern, Level 8 Group Insurance Department, 303 Jalan Ampang, 50450 Kuala Lumpur.

**This form must be completed by a Person having the executive authority (i.e. Directors/ Partners) in the company.**

**Appointment/ Authorization Notice**

I \_\_\_\_\_ (Name in block letters) \_\_\_\_\_ (NRIC/ Identity No) hereby authorized the following personnel to sign on all types of insurance related forms/ documents from Group Insurance Department of Great Eastern Life Assurance (Malaysia) Berhad (hereinafter referred to as "GELM")

Full Name as per NRIC : \_\_\_\_\_  
*(Please provide Certified True Copy of NRIC/ Passport)*

Designation : \_\_\_\_\_

Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specimen of Signature

Full Name as per NRIC : \_\_\_\_\_  
*(Please provide Certified True Copy of NRIC/ Passport)*

Designation : \_\_\_\_\_

Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specimen of Signature

Full Name as per NRIC : \_\_\_\_\_  
*(Please provide Certified True Copy of NRIC/ Passport)*

Designation : \_\_\_\_\_

Residential Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specimen of Signature

If I wish to terminate this appointment/ authorization or appoint/ authorize a replacement or if my appointed/ authorized personnel stated above is unable to act for any reasons whatsoever, I shall immediately inform Group Insurance Department of GELM of the same and the appointed personnel stated above shall immediately cease to have any authority to sign any types of insurance related forms/ documents from Group Insurance Department on behalf of the Company (Policyholder), until and unless I have delivered a duly signed new letter of appointment to GELM . I shall sign and deliver to GELM a similar letter of appointment to appoint/ authorise the Company's (Policyholder) new personnel for the purpose of signing documents in relation to policy purchased from Group Insurance Department of GELM.

\_\_\_\_\_

Signature

Name:

Designation:

Company Stamp: