

FORM FOR WITHDRAWAL/REVOCATION OF CONSENT TO DISCLOSE CUSTOMER INFORMATION

Date:
To: Affin Bank Berhad, Affin Islamic Bank Berhad and/or Affin Hwang Investment Bank Berhad ("Bank"

NRIC / Registration No.:

Name of Requestor:

By signing this form, I/we:

Instruction: Please select only ONE option.		
(a)	as Customer	
	[Note: Customer refers to any person who uses, has used or may be intending to use (i.e. potential customer) any financial services or products and includes: -	
	1) a representative of the customer such as the parents of a minor and authorised representative (i.e. a person authorised by the customer to act on its behalf e.g. trustee, someone with power of attorney, legal guardian, insurance agent authorised by a customer); and	
	2) a person who has entered or intend to enter into arrangement with the Bank (such as a guarantor or third party security provider) on account of or for the benefit of a customer.]	
(b)	as executor or administrator for the estate of the Customer	
` ,	[When selecting this option, please include Customer's name and NRIC number below].	
	Customer's Name:	
	NRIC No.:	
(c)	as legal personal representative for the Customer	
	[When selecting this option, please include Customer's name and NRIC number below].	
	Customer's Name:	
	NRIC No.:	

- 1) declare that I/we have read, understood and agreed to be subject to the AFFIN Group Privacy Notice which is available at www.affingroup.com or the Bank's branches.
- 2) expressly withdraw/revoke the consent and authorization provided to the Bank to disclose Customer Information to the parties specified, and for purposes below:

[Note: Customer Information refers to personal or corporate data, account and transaction details and relationship with the Bank including in the form of a record, book, register, correspondence, other documents or materials.]



Recipients the Part B: Type of Documents/ **Part C: Purposes for Disclosure Disclosed Information Information for Disclosure** Please select from purposes mentioned below, or state a specific purpose where 1. Please state the name Please select from categories below, or state a and disclosure no longer permitted. identification/registration number of type of document/Customer Information no longer permitted to be disclosed. the parties who are <u>no longer</u> permitted to receive the disclosed Customer Information/ documents. 2. Please provide identification documents to support the information provided, such as copies of National Registration Identification Card Company/Business (NRIC) and Registration Number. Information/ Document (a) Name: Please select Execution, or administration Account Number of the Customer's estate Account Details Management of my / the Account Statement Customer's account(s) Others [please specify]: [Please include account number]. NRIC / Company Account No. / Akaun No. Registration Number: Others [please specify]: Others [please specify]: Others [please specify]: (b) Name: Execution, or administration Information/ Document Please select of the Customer's estate Account Number Account Details Management of my / the Account Statement Customer's account(s) Others [please specify]: [Instruction: When selecting this NRIC / Company option, please include account type Registration Number: and number below]. Others [please specify]: Account No. Others [please specify]: Others [please specify]: Requestor Signature: Name: Date:



For the Bank Use Only			
Officer Receiving Form	Approval to Cease Disclosure of Disclosure Information		
Signature:	Signature:		
Name:	Name:		
Designation:	Designation:		
Date:	Date:		

Notes to the Bank's staff:

- 1. Requestors shall be advised to use a separate form if there is insufficient space to state / specify all of the intended recipients of the disclosed information.
- 2. When receiving and processing this form, staff shall inform the Requestor of:
 - (a) his/her/their rights to withdraw/revoke the consent at any time, unless such disclosure is necessary for the Bank to comply with any legal or contractual requirements; and
 - (b) the steps to be taken to withdraw/revoke such consent.
- 3. If the Requestor withdraws/revokes his/her/their consent, the Bank must cease the disclosure of the Customer Information within seven (7) calendar days from the date of the Bank receives this withdrawal/revocation form from the Requestor.
- 4. Bank's staff shall ensure sufficient supporting document(s) are presented by the Requestor to the Bank's staff for identity verification before submitting this withdrawal form.