



# Maybank

Please mail the completed form to:  
MAYBANK  
CAPS-KOVAN  
996B Upper Serangoon Road  
Singapore 534736

## UPDATE PAYEE ACCOUNT LIST FORM (BUSINESS INTERNET BANKING)

Please allow 5 business days from the date we receive the form, for your request to be processed. Should you have any enquiry, please contact our Customer Relationship Executives on **1800-MAYBANK** (1800-6292265) or **(65)6533 5229** (Overseas).

COMPANY PARTICULARS		
Name of Company	Company Tel No.	Business Registration No.
Contact Person	Company Fax No.	Email Address:

FUNDS TRANSFER TO 3rd PARTY ACCOUNTS WITH OTHER BANK	
<input type="checkbox"/> Add <input type="checkbox"/> Delete 1. <u>Payee Details</u> Bank Name : _____ Branch Name : _____ Account Number : _____ Account Name : _____ Nickname : _____ (max 10 chars) <u>Debit from Maybank Account</u> Account Number : _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete 2. <u>Payee Details</u> Bank Name : _____ Branch Name : _____ Account Number : _____ Account Name : _____ Nickname : _____ (max 10 chars) <u>Debit from Maybank Account</u> Account Number : _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete 3. <u>Payee Details</u> Bank Name : _____ Branch Name : _____ Account Number : _____ Account Name : _____ Nickname : _____ (max 10 chars) <u>Debit from Maybank Account</u> Account Number : _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete 4. <u>Payee Details</u> Bank Name : _____ Branch Name : _____ Account Number : _____ Account Name : _____ Nickname : _____ (max 10 chars) <u>Debit from Maybank Account</u> Account Number : _____

FUNDS TRANSFER TO 3rd PARTY ACCOUNTS WITH MAYBANK	
<input type="checkbox"/> Add <input type="checkbox"/> Delete 1. <u>Payee Details</u> Account Number : _____ Account Name : _____ <u>Debit from Maybank Account</u> Account Number : _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete 2. <u>Payee Details</u> Account Number : _____ Account Name : _____ <u>Debit from Maybank Account</u> Account Number : _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete 3. <u>Payee Details</u> Account Number : _____ Account Name : _____ <u>Debit from Maybank Account</u> Account Number : _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete 4. <u>Payee Details</u> Account Number : _____ Account Name : _____ <u>Debit from Maybank Account</u> Account Number : _____

**REGIONLINK FUNDS TRANSFER TO ACCOUNTS WITH MAYBANK MALAYSIA**

<input type="checkbox"/> Add <input type="checkbox"/> Delete 1. <u>Payee Details</u> Nickname : _____ (max 10 chars) Account Number : _____ Account Name : _____  <u>Debit from Maybank Account</u> Account Number : _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete 1. <u>Payee Details</u> Nickname : _____ (max 10 chars) Account Number : _____ Account Name : _____  <u>Debit from Maybank Account</u> Account Number : _____
<input type="checkbox"/> Add <input type="checkbox"/> Delete 3. <u>Payee Details</u> Nickname : _____ (max 10 chars) Account Number : _____ Account Name : _____  <u>Debit from Maybank Account</u> Account Number : _____	<input type="checkbox"/> Add <input type="checkbox"/> Delete 4. <u>Payee Details</u> Nickname : _____ (max 10 chars) Account Number : _____ Account Name : _____  <u>Debit from Maybank Account</u> Account Number : _____

**DECLARATION BY APPLICANT**

I/We declare that the above information provided by me/us is correct. I/We agree to abide by the prevailing Terms and Conditions governing accounts, and the relevant Rules and Regulations governing the respective services linked to my account(s) which have been furnished to me/us, and of any amendments as the Bank may from time to time impose.

**\*Authorised Signatory(ies) with Company Stamp (if applicable)**

	Authorised Signatory (1)	Authorised Signatory (2)	Authorised Signatory (3)	Authorised Signatory (4)
Name				
Signature				
Date				

**\*For Partnerships, all partners are required to sign.**

**FOR BANK USE ONLY**

Signature & Board Resolution Verified by :  _____ Signature/Name/Branch                                  Date	Company CIF:  _____
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