## CORPORATE INTERNET BANKING (AFFINMAX) INDEMNITY LETTER

I hereby declare that I am the sole proprietor of (Business Name)

(Business Registration No.)

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In the event of any changes in the registered particulars of my Business I shall notify Affin Bank Berhad/Affin Islamic Bank Berhad (referred to as the "Bank") forthwith.

If the change is in respect of the associate or the person responsible for my Business, or conversion of my Business to a partnership, or in the event that my Business is terminated or its registration is revoked, I shall immediately terminate the Corporate Internet Banking services and its Agreement shall thereafter be terminated.

In the event I fail to notify the Bank promptly of the changes above, I shall not hold the bank liable for any loss or damage suffered by me or my Business and further agree and undertake to indemnity the Bank and at all times keep the Bank fully and completely indemnified from and against all claims and demands, suit actions and proceedings, damage loss expenses and costs including legal costs as between solicitors and client basis and all other liabilities of whatsoever nature or description which may be made or taken or incurred or suffered by the Bank in connection with or in any manner arising out of my failure to notify the Bank promptly of the aforesaid change.

(My Name) I will nominate myself \_\_\_\_\_\_(I/C No: \_\_\_\_\_\_) as the authorized person to operate and execute services in AFFINBANK Corporate Internet Banking for and on behalf of the Business. This authority shall continue in force and irrevocable until I have expressly revoked it by notice in writing and the Corporate Internet Banking Maintenance Form received by the Bank.

The transfer of funds made via Corporate Internet Banking (Affinmax) shall be limited to **RM\_\_\_\_\_\_** per day.

I hereby certify the above to be true copy of the Corporate Internet Banking Indemnity Letter and agree to apply Corporate Internet Banking provided by the Bank.

SOLE-PROPRIETOR'S SIGNATORY INFORMATION		
Name of Sole Proprietor :	Signature	Business Stamp (If applicable)
Date:		