



Power of Attorney

Date :

To : CIMB Bank Berhad
 Robinson Road, P. O. Box 0088, Singapore 900138
 Attn: Account Services

Authorise Person(s) empowered to operate the account(s) (each as "Attorney") mentioned herein:

- Current Account No.:
- Fixed Deposit Account No.:
- Savings Account No.:

Signature

Signature

Name of Attorney:

Name of Attorney:

NRIC/Passport No.:

NRIC/Passport No.:

Signing condition: Single Joint - Alternate Joint - And

Effective from the date hereof, I hereby authorise and fully empower the Attorney to act on my behalf and in my name, by signing in accordance with the signature specimen(s) above, jointly and/or singly as set out above (and where there it has not been so set out, acting singly) to perform the following acts and undertake the following actions in the same manner and to the same extent as I am so able, subject always to CIMB Bank Berhad (for the purposes of this application form "the Bank" or "CIMB Bank") Terms and Conditions (Governing the Operations of Deposits Account) and any other applicable terms and conditions, as these may be revised, amended, supplemented or modified from time to time.

Attorney(s) is/are empowered to operate on the below authority:

- | | |
|--|---|
| <input type="checkbox"/> Draw cheque | <input type="checkbox"/> Withdrawal of deposit/Dual Currency Investment |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Receive or communicate account information only |
| <input type="checkbox"/> Terminating of facilities | <input type="checkbox"/> Change mailing address |
| <input type="checkbox"/> Settlement of transaction | <input type="checkbox"/> Closing of account(s) |
| <input type="checkbox"/> Placement of deposit/Dual Currency Investment | <input type="checkbox"/> Placing of orders |
| <input type="checkbox"/> Renewal of deposit/Dual Currency Investment | <input type="checkbox"/> Transfer of funds (including to 3rd parties) |
| | <input type="checkbox"/> Exercise, give, make issue and enter into any instruments and transactions |

I confirm that such authority shall remain in full force and effect and be binding on me until receipt by you of written instructions from me to the contrary. I further agree to ratify and confirm whatsoever the Attorney shall do or purport to do in furtherance of or in relation to the provisions herein.

I further confirm that I shall be bound by and that you shall not incur any liability whatsoever to me or any other party whatsoever by reason of your acting in accordance with the exercise of any or all of the above powers given to the person(s) authorised above.

Signature

Name of Principal Applicant:

NRIC/Passport No.:

.....
.....

Signature

Name of 1st Joint Applicant:

NRIC/Passport No.:

.....
.....

Signature

Name of 2nd Joint Applicant:

NRIC/Passport No.:

.....
.....

Signature

Name of 3rd Joint Applicant:

NRIC/Passport No.:

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.....

FOR BANK USE ONLY

BRANCH (AFFIX BRANCH STAMP):

ATTENDED BY:

CHECKED & APPROVED BY:

DATE:

DATE: