

# ACCOUNT OPENING FORM (NON-INDIVIDUAL)

Please complete all sections and mark (✓) in the appropriate boxes.

## Section A: Type of Accounts

### A.1 Ringgit Malaysia (MYR) Accounts: Please tick (✓)

**Account Type**  Current Account  Current Account-i

**Business Type**  Sole Proprietor  Partnership  Private Limited  Public Listed

Others: \_\_\_\_\_

### A.2 Foreign Currency Current Accounts (FCA): Please tick (✓)

FCA  FCA-i

Purpose & type of currency		AUD	CAD	CNY	EUR	GBP	HKD	JPY	NZD	SGD	USD	OTHERS*
IFCA**	For Investment Purposes only											
TFCA**	For Trade of Goods & Services Purposes only											

\*Subject to Transaction Banking Approval \*\* IFCA & TFCA - to write out the first intext reference to acronym

**Charges, if any, to be debited from Ringgit current account**

### A.3 Fixed Deposit/Term Deposit-i Terms and Placement Instructions (for multiple FD/TD-i placements, please attach FD/TD-i Placement Advices)

Fixed Deposit  Term Deposit-i  Foreign Currency Fixed Deposit Currency: \_\_\_\_\_  Foreign Currency Term Deposit-i Currency: \_\_\_\_\_

Placement Instruction:	Amount:	Maturity Instruction:	Crediting Account No.
<input type="checkbox"/> Cash: _____ <input type="checkbox"/> Cheque: _____ <input type="checkbox"/> Debit Account: _____	<b>Amount:</b> MYR _____ <b>Tenure:</b> _____ Months	<input type="checkbox"/> Auto Renew (Principal & Interest/Profit) <input type="checkbox"/> Auto Renew Principal only <sup>1</sup> <input type="checkbox"/> Withdrawal (Principal & Interest/Profit) <sup>2</sup>	_____ (Applicable for 1 - Interest/Profit & 2 - Principal & Interest/Profit)

### A.4 Debit Card Application (for Sole Proprietors only)

**Debit card required**  Required  Not Required

### A.5 Cheque Book Application (for MYR Current Account/Account-i only)

**No. of cheque book(s) required\***  One  Two  Not required

\*Cheque book(s) requested will be couriered to account correspondence address.

### A.6 e-Statement Subscription for Bank Statement (Please tick (✓) where applicable)

Type of e-Statement required	Email Address (primary)**:
<input type="checkbox"/> Single e-Statement (Monthly) <input type="checkbox"/> Combined e-Statement <input type="checkbox"/> Daily* <input type="checkbox"/> Weekly* <input type="checkbox"/> Monthly	_____
	<b>Email Address 1 (for Combined e-Statement only):</b>
	<b>Email Address 2 (for Combined e-Statement only):</b>

\*For Corporate Customers only. No physical statement will be issued.

\*\*The email will also be used for communication purpose for any DuitNow related services.

### A.7 Email Notification for Foreign Currency Account/-i: Please tick (✓) (for Corporate Customers only)

Debit/Credit Advices required	Email Address (primary):
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	<b>Email Address 1 (if applicable):</b>
	<b>Email Address 2 (if applicable):</b>

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Please complete all sections and mark (✓) in the appropriate boxes.

Section B: Business Details			
B.1 Registered Business Details			
<b>Registered Business Name:</b>			
<b>Business Registration No.:</b>		<b>Date of Incorporation/Registration:</b> DD / MM / YYYY	
<b>Registered Address:</b>			
<b>Account Correspondence Address:</b> (if different from above)			
<b>Country of Operation:</b>			
<b>Business Status:</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		<b>Business Office No.:</b>	<b>Business Fax No.:</b>
<b>Business Email Address:</b>			
<b>Purpose of Account:</b> <input type="checkbox"/> Payroll <input type="checkbox"/> Payment <input type="checkbox"/> Collections <input type="checkbox"/> Investment <input type="checkbox"/> Operating Account <input type="checkbox"/> Trade Settlement <input type="checkbox"/> Others: _____			
B.2 Business Declaration			
<b>Business Category:</b> <input type="checkbox"/> SME <input type="checkbox"/> Non-SME			
<b>Business Type:</b> <input type="checkbox"/> Manufacturing/Manufacturing-Related Services/Argo-based Industries		<input type="checkbox"/> Services and Others	
<b>Brief Nature of Business Description:</b>			
<b>Annual Sales Turnover (RM):</b>		<b>As at financial year:</b>	
<b>No. of Employees:</b>		<b>As at financial year:</b>	
<b>Source of Funds/Wealth/Net Worth:</b> <input type="checkbox"/> Business Income/Proceeds <input type="checkbox"/> Sales of Property/Assets <input type="checkbox"/> Bank Borrowing/Loan/Financing <input type="checkbox"/> Investment return, Dividend/Interest Income (Profit from investment, Dividend payment from shares, interest/profit earned from Fixed/Term Deposit-i) <input type="checkbox"/> Others: _____			
B.3 Authorised Contact Person: (Appointment of authorised personnel to perform non-monetary/monetary transactions and to receive/disclose your company's information to/from AmBank (M) Berhad and/or AmBank Islamic Berhad)			
<b>1. Full Name (as per NRIC/Passport):</b>		<b>2. Full Name (as per NRIC/Passport):</b>	
[Grid for Name 1]		[Grid for Name 2]	
<b>NRIC/Passport No.:</b> [Grid]		<b>NRIC/Passport No.:</b> [Grid]	
<b>Email Address:</b> [Grid]		<b>Email Address:</b> [Grid]	
<b>Office No.:</b> [Grid]		<b>Office No.:</b> [Grid]	
<b>Mobile No.*:</b> [Grid]		<b>Mobile No.*:</b> [Grid]	
<b>Designation:</b> [Grid]		<b>Designation:</b> [Grid]	
<b>Authorised for:</b> <input type="checkbox"/> Account balance inquiry <input type="checkbox"/> Confirmation of remittance instrument application/collection <input type="checkbox"/> Confirmation of encashment <input type="checkbox"/> Confirmation of debiting/crediting transaction of the said account <input type="checkbox"/> Confirmation of requisition/Collection of cheque book		<b>Authorised for:</b> <input type="checkbox"/> Account balance inquiry <input type="checkbox"/> Confirmation of remittance instrument application/collection <input type="checkbox"/> Confirmation of encashment <input type="checkbox"/> Confirmation of debiting/crediting transaction of the said account <input type="checkbox"/> Confirmation of requisition/Collection of cheque book	
*NOTE: For sole-proprietor, this Mobile No. will be used for communication purpose for any DuitNow related services.			

# ACCOUNT OPENING FORM (NON-INDIVIDUAL)

Please complete all sections and mark (✓) in the appropriate boxes.

## Section C: Applicable ONLY if the Board Resolution does not indicate Specimen Signature(s)

### C.1 Authorised Signatories/Signature Specimen Cardan

**Condition of Authorisation** Please tick (✓) one.

Any One to Sign
  Any Two to Sign
  All to Sign
  Others: \_\_\_\_\_

<b>Authorised Signature:</b>		<b>Authorised Signature:</b>	
Full Name (as per NRIC/Passport):		Full Name (as per NRIC/Passport):	
NRIC/Passport:	Date of Birth: DD / MM / YYYY	NRIC/Passport:	Date of Birth: DD / MM / YYYY
Designation:	Contact No.:	Designation:	Contact No.:
<b>Authorised Signature:</b>		<b>Authorised Signature:</b>	
Full Name (as per NRIC/Passport):		Full Name (as per NRIC/Passport):	
NRIC/Passport:	Date of Birth: DD / MM / YYYY	NRIC/Passport:	Date of Birth: DD / MM / YYYY
Designation:	Contact No.:	Designation:	Contact No.:
<b>Authorised Signature:</b>		<b>Authorised Signature:</b>	
Full Name (as per NRIC/Passport):		Full Name (as per NRIC/Passport):	
NRIC/Passport:	Date of Birth: DD / MM / YYYY	NRIC/Passport:	Date of Birth: DD / MM / YYYY
Designation:	Contact No.:	Designation:	Contact No.:
<b>Authorised Signature:</b>		<b>Authorised Signature:</b>	
Full Name (as per NRIC/Passport):		Full Name (as per NRIC/Passport):	
NRIC/Passport:	Date of Birth: DD / MM / YYYY	NRIC/Passport:	Date of Birth: DD / MM / YYYY
Designation:	Contact No.:	Designation:	Contact No.:
<b>Authorised Signature:</b>		<b>Authorised Signature:</b>	
Full Name (as per NRIC/Passport):		Full Name (as per NRIC/Passport):	
NRIC/Passport:	Date of Birth: DD / MM / YYYY	NRIC/Passport:	Date of Birth: DD / MM / YYYY
Designation:	Contact No.:	Designation:	Contact No.:
<b>Authorised Signature:</b>		<b>Authorised Signature:</b>	
Full Name (as per NRIC/Passport):		Full Name (as per NRIC/Passport):	
NRIC/Passport:	Date of Birth: DD / MM / YYYY	NRIC/Passport:	Date of Birth: DD / MM / YYYY
Designation:	Contact No.:	Designation:	Contact No.:

Note: Please photocopy this page if additional authorised signatories are required.



# ACCOUNT OPENING FORM (NON-INDIVIDUAL)

Please complete all sections and mark ( ) in the appropriate boxes.

D.2 User Details	
<b>D.2.1 User Details: Mandatory for both Package A and Package B</b>	
<b>Primary User / Primary System Administrator</b>	<b>Secondary User / Secondary System Administrator</b>
<b>Name as per NRIC/Passport:</b> <input type="text"/> <input type="text"/>	<b>Name as per NRIC/Passport:</b> <input type="text"/> <input type="text"/>
<b>NRIC/Passport No.:</b> <input type="text"/>	<b>NRIC/Passport No.:</b> <input type="text"/>
<b>Mobile No.:</b> <input type="text"/>	<b>Mobile No.:</b> <input type="text"/>
<b>Email Address:</b> <input type="text"/> <input type="text"/>	<b>Email Address:</b> <input type="text"/> <input type="text"/>
<b>Preferred User ID:</b> <input type="text"/> (Maximum of 10 characters with alphanumeric, no special characters are allowed, e.g.:!?)	<b>Preferred User ID:</b> <input type="text"/> (Maximum of 10 characters with alphanumeric, no special characters are allowed, e.g.:!?)
<b>Specimen Signature:</b> <input type="text"/>	<b>Specimen Signature:</b> <input type="text"/>
<b>D.2.2 User Mandates and Roles: Mandatory for Package A (Inquiry + Payment Module) only</b>	
<b>Authorisation Mandate (i.e. How to approve transaction)</b> <input type="checkbox"/> Straight-Through <input type="checkbox"/> Any 1 Authoriser <input type="checkbox"/> Any 2 Authorisers	
<input type="checkbox"/> Salary & Statutory Body Payment Access <input type="checkbox"/> Forex Access (Contract Booking, FX Firm Order, FX Alert)  <b>Primary User Role:</b> <input type="checkbox"/> Inquirer <input type="checkbox"/> Maker (for Any 1 or 2 Authorisers) <input type="checkbox"/> Authoriser (for Any 1 or 2 Authorisers) <input type="checkbox"/> Power User (Maker and Authoriser) <input type="checkbox"/> FX User  <b>Token (only applicable for Authoriser / Power User (Maker and Authoriser)):</b> <input type="checkbox"/> Digital Token ( <i>defaulted</i> ) <i>(transaction authorisation limit below MYR100,000 per transaction)</i> <input type="checkbox"/> Hardware Token <i>(optional)</i>	<input type="checkbox"/> Salary & Statutory Body Payment Access <input type="checkbox"/> Forex Access (Contract Booking, FX Firm Order, FX Alert)  <b>Secondary User Role:</b> <input type="checkbox"/> Inquirer <input type="checkbox"/> Maker (for Any 1 or 2 Authorisers) <input type="checkbox"/> Authoriser (for Any 1 or 2 Authorisers) <input type="checkbox"/> Power User (Maker and Authoriser) <input type="checkbox"/> FX User  <b>Token (only applicable for Authoriser / Power User (Maker and Authoriser)):</b> <input type="checkbox"/> Digital Token ( <i>defaulted</i> ) <i>(transaction authorisation limit below MYR100,000 per transaction)</i> <input type="checkbox"/> Hardware Token <i>(optional)</i>
<i>Note: Standard fees and charges shall apply for Hardware Token. More information can be found on AmBank Website</i>	
<b>D.2.3 Mandatory for Foreign Exchange (Contract Booking, FX Firm Order, FX Alert)</b>	
<input type="checkbox"/> Board Resolution <input type="checkbox"/> Dealing Mandate	



# ACCOUNT OPENING FORM (NON-INDIVIDUAL)

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## Section E: Declaration

### E.1 Perbadanan Insurans Deposit Malaysia (PIDM)

- I/We have been informed that the product is protected by PIDM up to MYR250,000 for each depositor; and
- I/We have received a copy of PIDM's DIS Brochure.

### E.2 Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS)

#### Self-Certification By Entity

(The information in this section is collected in order to comply with FATCA and CRS requirements which require AmBank Group to identify and report United States (U.S) Persons and Tax Residents in CRS Participating Jurisdictions)

#### Part A: General Information

Country of Incorporation/Registration	
Global Intermediary Identification Number (GIIN) <sup>1</sup>	
EIN (for U.S. Branches only)	

<sup>1</sup> GIIN is required for Direct Reporting NFFE, Sponsored Direct Reporting NFFE, Foreign Financial Institution (FFI) and a trustee of a trust

#### Part B: Identifying U.S. Reportable Accounts (To be completed by all types of entities – please tick (✓) where applicable)

- a) A Specified U.S. Person<sup>1</sup>
- b) A Passive Non-Financial Foreign Entity (NFFE) with one or more Controlling Persons who are Substantial U.S. Owners<sup>2</sup>
- c) A Non-Participating Foreign Financial Institution (NPFFI)<sup>3</sup>

#### Part C: Identifying CRS Reportable Accounts (To be completed by all types of entities – please tick (✓) where applicable)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) The entity has tax residency <sup>4</sup> outside Malaysia (if yes, please complete Part D)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) The entity is a Passive Non-Financial Entity (NFE) with one or more Controlling Persons <sup>5</sup> (if yes, Please complete Part E and F) If answered "No" for both questions, please proceed directly to Part G | <input type="checkbox"/> | <input type="checkbox"/> |

#### Part D: CRS Entity Classification (To be completed by all types of entities – please tick (✓) where applicable)

- i) Active NFE – Public Listed Company or its Relate Entity<sup>6</sup>
- ii) Active NFE – Government Entity, Central Bank or International Organization
- iii) Active NFE other than the above (Please complete Part E)
- iv) Passive NFE (Please complete Part E only if the entity has no Controlling Person) (Please complete Part E and F if the entity has one or more Controlling Person)
- v) Financial Institution - a Custodian Institution, a Depository Institution, an Investment Entity (other than (vi) below), or a Specified Insurance/Takaful Company
- vi) An Investment Entity that is not a Participating Jurisdiction Financial Institution and is managed by another Financial Institution (Please complete Part E only if the entity has no Controlling Person) (Please complete Part E and F if the entity has one or more Controlling Person)

#### <sup>1</sup> Definition:

- A partnership, corporation, company or association created or organised in the U.S. or under the laws of the U.S.,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7 of the Internal Revenue Code).

#### <sup>2</sup> Definition:

- Owns, directly or indirectly, more than 10% (by vote or value) of the stock of any foreign corporation;
- Owns, directly or indirectly, more than 10% of the profits or capital interests in a foreign partnership;
- Is treated as an owner of any portion of a foreign trust under sections 671 through 679; or
- Holds, directly or indirectly, more than 10% beneficial interest in a trust.

#### <sup>3</sup> A Foreign Financial Institution that does not enter into an agreement with the U.S. IRS.

#### <sup>4</sup> For more information please refer to <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

#### <sup>5</sup> "Controlling Persons" are the natural person(s) who exercise Control (i.e. more than 25% shareholding) over an entity.

#### <sup>6</sup> An entity is a "related entity" of another entity if either controls the other entity, or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote and value in an entity.











# ACCOUNT OPENING FORM (NON-INDIVIDUAL)

Please complete all sections and mark (✓) in the appropriate boxes.

## Part G: Declaration

I/We confirm that I/we have obtained and/or will obtain the consent of each of my directors and shareholders to carry out credit history/credit standing/credit worthiness checks/verification on each of them in the manner stated herein as deemed necessary by the Bank;

In the event that I/we provide personal and/or financial information relating to third parties, including but not limited to information relating to my/our/our director's/shareholders'/officers'/next-of-kin, dependents, and security parties for the purpose of this application form, I/we:

- i. confirm that I/we/our directors/shareholders/officers have obtained their consent or is otherwise entitled to provide the information to the Bank and for the Bank to use it in processing this application and to provide information on the Bank's products, services and/or offers (inclusive of the products, services and offers of the other entities within the Bank's Group) which the Bank and the entities within the Bank's Group believe may be of interest and/or beneficial to them;
- ii. agree to ensure that the personal and financial information of the said third parties is accurate;
- iii. agree to update the Bank in writing in the event of any material change to the said personal and financial information; and
- iv. agree to the Bank's right to not process my/our application should such consent be withdrawn by any of the said third parties;

### Email Statement

I/We agree to have the statements and/or advices sent to me/us via email. In so doing, I/We and agree that AmBank (M) Berhad/AmBank Islamic Berhad is not under any circumstances liable for any loss or damages if the statements and advices are sent to the email address (es) as advised by me/us save and except where such loss or damages are attributable to the Bank's gross negligence, willful default or fraud. I/We understand that reasonable time shall be given to AmBank (M) Berhad/AmBank Islamic Berhad to update the changes to the said address (es) upon receipt of our written advice.

Notice to customer: If you select to receive your bank statements through email, the Bank will no longer send your statements through ordinary mail. If you want to receive your statement via email as well as in paper form through ordinary mail, you may be charged a fee for the service.

**REMINDER: The Authorised Signatory is hereby reminded to read and understand the terms and conditions of this application before signing below. If the Authorised Signatory does not understand the terms and conditions of this application, the Authorised Signatory is advised to seek advice from the Bank's staff, authorized representative or authorized agent.**

<b>Authorised Signature 1:</b>	<b>Authorised Signature 2:</b>
Name:	Name:
Designation:	Designation:
Date: DD / MM / YYYY	Date: DD / MM / YYYY

## For Bank Use

(For AmBank Islamic Commodity Murabahah Current Account-i /Foreign Currency Current Account-i/Term Deposit-i and Foreign Currency Term Deposit-i under AmBank Islamic Berhad)

We, hereby accept the appointment(s) as the agent as stipulated in the offer above. We will, in performing our obligations in relation to the transactions specified in the offer, protect the interest of the Customer and act in good faith.

We declare that the required account opening checks have been performed on the above customer.

<b>Date:</b>		<b>CIF:</b>	<b>Impacted System:</b>
<b>Branch Name:</b>		<b>Branch Code:</b>	<b>RM Code:</b>
<b>Attended by:</b>	<b>Approved by:</b>	<b>SVS Captured:</b>	<b>SVS Validated:</b>
<b>Account No.</b>	<b>Currency</b>	<b>Corporate Internet Banking Services</b> Please tick (✓) one	
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	

# ANTI-BRIBERY AND CORRUPTION FORM (NON-INDIVIDUAL)

We hereby acknowledge that AmBank Group<sup>1</sup> has zero tolerance towards all forms of bribery and corruption. We further undertake to AmBank Group that we shall not directly or indirectly offer, promise, request from and/or authorize any form of improper payments, financial benefits, rewards or any valuable consideration ("Gratifications") to or from any of the AmBank Group's directors, officers, employees, representatives, agents or other persons associated with or controlled by or acting on behalf of any of them (the "Agents") from any of our directors, employees or their family members or any parties acting for or representing us in exchange for business favors, information, favorable treatment, improper benefits or advantage or inducement to do or not to do something.

We shall undertake to immediately notify AmBank Group of any attempt by any parties to solicit or to give any Gratifications or solicit or give any advantage (financial or otherwise) to or from AmBank Group and the Agents. In furtherance to the above, we agree and undertake that:-

- a) We have read, understood and shall fully comply with AmBank Group's Anti-Bribery and Corrupt Practices Policy ("ABCP Policy") and shall promptly notify AmBank Group of any breach and/or suspected breach of the ABCP Policy. The ABCP Policy is available at <https://www.ambankgroup.com/eng/Pages/AntiBriberyCorruptPracticesPolicy.aspx>;
- b) Pursuant to the ABCP Policy, we shall cause or procure each of our authorized signatories to fully execute the Bank's anti-bribery and corruption declaration form as enclosed in the Appendix, and return the duly executed copy(ies) to AmBank Group for record;
- c) We shall strictly comply with current laws and regulations in Malaysia relating to anti-bribery or anti-corruption including but not limited to the Malaysian Anti-Corruption Commission Act 2009 including all its amendments acts ("MACCA") and shall have in place the necessary adequate procedures for meeting the standards and requirements in accordance with the MACCA; and
- d) Notwithstanding anything stated herein, if at any time we and our directors, employees, subcontractors, agents or other third parties acting for or representing us are involved in the transaction contemplated in this matter breach this clause and/or are being investigated for bribery or corruption, AmBank Group shall be entitled to terminate any and/or all agreement(s) made between AmBank Group and us with immediate effect without any liability with written notice to us. When this happens, we shall be liable to fully indemnify and hold AmBank Group and/or any of the Agents harmless from and against any and all claims, losses, liabilities, damages, penalties, costs and expenses howsoever arising as a result thereto.

Acknowledgement and acceptance by:

\_\_\_\_\_  
(Authorised signatories and company official rubberstamp)

Name: \_\_\_\_\_

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

NRIC No / Passport No: \_\_\_\_\_

Date: DD / MM / YYYY

<sup>1</sup> "AmBank Group" means collectively all of the following entities: AMMB Holdings Berhad (Registration No: 199101012723 (223035-V)); and all the related corporations and associate corporations of AMMB Holdings Berhad

# ANTI-BRIBERY AND CORRUPTION FORM (NON-INDIVIDUAL)

## APPENDIX – DECLARATION

This Declaration is made to AmBank Group pursuant to the provision of products and/or services or the negotiation thereof (the 'Agreement') between AmBank Group and \_\_\_\_\_ (Registration No.: \_\_\_\_\_) (the 'Company').

I, \_\_\_\_\_ (NRIC No. \_\_\_\_\_),

as the authorized representative of the Company hereby confirm and declare the following:-

1. The Company and its employees have read and fully understood the provisions of the AmBank Group Anti-Bribery and Corrupt Practices Policy (the 'ABCP Policy') and hereby agree that the ABCP Policy:-
  - (a) will form an integral part of the Agreement and therefore shall be legally binding on the Company and its employees; and
  - (b) may be amended by the AmBank Group from time to time as may be notified to the Company by the AmBank Group and such amendments shall be deemed to become effective as at the date stated in the notification.
2. In line with the terms and requirements of the Agreement and the ABCP Policy, the Company and its employees shall and at all times, will:-
  - (a) fully comply with all applicable laws, regulations, guidelines, codes, requirements and sanctions relating to anti-bribery and anti-corruption;
  - (b) fully comply and adhere to the requirements and provisions in the ABCP Policy and other applicable AmBank Group policies and internal procedures (as amended from time to time) during the duration of the Agreement;
  - (c) exercise reasonable care and due diligence to avoid any situations of potential and/ or actual conflict of interests;
  - (d) promptly notify the AmBank Group in writing of a situation of actual and/ or potential conflict of interest;
  - (e) not gain improper advantage or preferential treatment in its relationship with the AmBank Group's staff (including key management personnel) and board members;
  - (f) inform the AmBank Group of the Company's relationship with AmBank Group's staff (including key management personnel) and board members, upon having knowledge of the existence of any relationship, which may or could influence the objectivity of the Company's business conduct with the AmBank Group;
  - (g) (if applicable) make a declaration of non-corrupt practices in relation to specified payments made by AmBank Group to the Company for the delivery of goods or services; and
  - (h) (if applicable) not misrepresent its capabilities and skills to gain procurement contract(s) from the AmBank Group or during its delivery of goods or services to the AmBank Group.

The Company undertakes to promptly notify the AmBank Group of any breach and/ or alleged and/ or suspected breach of the Agreement or the ABCP Policy and will to the best of its abilities, cooperate with the AmBank Group in any investigation of such breach involving AmBank Group's staff or the Company's employees.

The Company hereby acknowledges and agrees that the AmBank Group shall reserve the right to suspend and/ or terminate the Agreement without prior notice and to further disqualify the Company from entering into any future business relationship with the AmBank Group and/ or tendering for future contracts to the AmBank Group if the Company is or has been found to have violated any of the declarations stipulated herein or has breached any terms in the Agreement.

The Company hereby further acknowledges and agrees that the terms of the Agreement shall prevail when there are conflicts between the Agreement and this declaration for the purpose of interpretation, application and enforcement of the terms of the Agreement.

Acknowledgement of acceptance to the Declaration by:

<b>Signature</b>	<b>Witness signatory</b>
Name of the Company's representative:	Name:
Designation:	NRIC:
Date: DD / MM / YYYY	Date: DD / MM / YYYY