

PANDUAN UMUM BERWAKAF MELALUI AUTODEBIT MAYBANK



1. Bagi borang autodebit Maybank, Pewakaf perlu melengkapkan maklumat di **Bahagian B** sahaja. (**BAHAGIAN B - MAKLUMAT AKAUN BANK**)
2. Bagi **Borang Mewujudkan Wakaf Tunai Melalui Potongan Gaji / Autodebit** pewakaf perlu melengkapkan semua maklumat yang terdapat di dalam borang.
3. Pewakaf perlu memastikan maklumat yang diberikan adalah tepat.
4. Kedua-dua borang yang telah lengkap diisi hendaklah diemelkan ke **Unit Potongan Gaji** (hadi@wakafselangor.gov.my) atau fakskan ke **03-5514 3759**.
5. Sebarang pertanyaan boleh berhubung dengan **Ustaz Noorhadi Bin Tamyis** di talian **03-5518 8001**.



ABRAHAM

INSTRUCTION

Please complete the form in BLOCK LETTERS and return it to Maybank branch where your account is maintained. Upon receipt of billing instruction from Payee Corporation, I/We hereby authorised the bank to process debit to my/our account each not exceeding the limit indicated to pay to the mentioned payee corporation. I/We agree to abide by the Terms and condition of the service as being specified at the third sheet of the application form.

NAMA PERBADANAN PENERIMA/NAME OF PAYEE CORPORATION

[illegible]

No. Rujukan Bil / Bil Reference No. *

[illegible]

Nama Pemegang Bil / Bill Registered Holder **

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Had (Ringgit berikutnya) / Limit (Next Ringgit) ***

[illegible]

FOR PAYEES/AGENT USE

Agency	:
Code	:

NOTA / NOTES:

Empat nombor polisi dibenarkan untuk setiap borang permohonan/Four policies number are allowed for each application form.

Nombor Rujukan Bil.lai ialah nombor akaun bil atau polisi atau sebarang nombor yang diberikan kepada pelanggan oleh perbadanan penerima sebagai nombor unik untuk menggunakan perkhidmatan Autodebit. / Bill Reference number is the bill account number or policy number or any unique number issued by the Payee Corporation to customers for the use of Autodebit service.

** Nama pemegang bil ialah nama orang / syarikat yang tercatat di dalam bil. / Registered holder of the bill is the name of the person / company which is stated in the bill.

*** Sila nyatakan Ringgit dalam perkataan diruangan bersebelahan/ Please write Ringgit amount in words on the next column.

Tinggalkan kotak ini kosong atau tulis "00" jika anda tidak mahu mengenakan sebarang had. / Leave the box blank or write "00" if you do not wish to impose any limit.

BAHAGIAN B – MAKLUMAT AKAUN BANK
SECTION B – BANK ACCOUNT INFORMATION

NAMA SAYA/KAMI
MY/OUR NAME

[illegible]

No. KP/No. Pend. Perniagaan (Baru/New)

IC. No./Business Reg. No.

(Lama/Old)

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Nombor Akaun
Account Number

Simpanan / Savings Atau / or Semasa / Current

Cawangan MBB
MBB Branch

Alamat Sekarang &
Poskod / Present

Address & Post Code

Telephone No _____

Tandatangan Pemegang akaun	/	Signature of Account holder
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Sila pastikan tandatangan anda menyerupai dengan rekod Bank. /
Please ensure that your signature is similar to the Bank's record

UNTUK KEGUNAAN CAWANGAN BANK SAHAJA
FOR MBB BRANCH USE – VALIDATION OF TRANSACTION CODE 900510

FOR BRANCH USE

Date Processed :
Date Received :

Name & PF No :
Branch Authority Seal

Signature _____

FOR PAYMENT SERVICES CENTRE USE (HQ)

Date Processed :
Confirmed By :

Date Input :
Confirmed By :

Telekom Msiia Bhd	The delisting of your account will be within 10 days after the 15th date stated in the bill.
Maybank Life Assurance - Bankansuran	1st, 15th
- Moneyback	1st, 8th, 15th, 22nd
American Wt Assn. (AIA)	2nd, 15th
Prudential Asn. Bhd	12th, 28th
Maybank Asn. Bhd	12th, 28th
Malan Coop. Society (MCIS)	28th, 7th
Great Eastern Life Asn.	28th, 9th
Malie National Ins.	28th, 15th
Cellular Comm. NW (M) S/B	8th, 14th, 24th
Simo Axa Asn.	2nd, 17th
K. L. Mutual Fund Bhd.	1st, 15th
Asstra Universal Life	8th, 15th, 22nd, 28th
John Hancock Insurance	1st, 15th
Ban Hin Lee Bank Pacific Trust Management Bhd	14th, 28th
Pacific Mutual Fund Berhad	8th
Hong Leong Assurance Bhd (Life)	1st, 17th
Mobikom	28th, 7th
Diners Club	15th, 25th
Easylink Malaysia Sdn. Bhd	3rd, 16th
ACS Credit Service (M) Sdn. Bhd.	2nd
ASTRO	3rd, 10th, 17th, 24th
Telasic Insurance Sendirian Berhad	7th, 28th
Linguspac Distributions Sdn. Bhd.	15th, 30th
Mayban Assurance Berhad (Bank Assurance)	14th, 27th
MRA Life Assurance Sdn. Bhd.	2nd, 16th
Arab Malaysian Assurance Bhd	9th and 28th
The Catalog Shop	2nd and 15th
New Post University Berhad	5th

The above deduction dates are tentative, the actual deductions dates determined by the Payee Corporations.

The following words and expression shall have the following meaning:-

- i. 'Bank' means Malaysian Banking Berhad, a company incorporated in Malaysia having its registered office at 14th Floor, Menara Maybank, 100 Jalan Tun Perak, 50050 Kuala Lumpur and includes the successors title and assigns.
- b. 'Bill' means the latest bill issued by the Payee Corporation and/or any sum due to the Payee Corporation.
- c. 'Customer' means a customer of a Bank who use the Autodebit service.
- d. 'Account' means Savings Account or Current Account or any account that is accessible to Autodebit System.
- e. 'Maybank Autodebit' means automated payment services offered to Maybank customers.
- f. 'Payee Corporation' means the Company that has agreed to accept payment of bills from their Subscribers through Autodebit Service.
- g. 'Deduction Date' means the day that the debiting of account is performed.
- h. 'Instruction' means claims from the payee corporation on the bill through Autodebit Service.
- i. 'Available Balance' means a sufficient balance in the customer's account to meet the claim at point of debiting minus any cheque or any depository notes which has not been verified and processed by the bank or any floats in the account.
- j. Words importing the masculine gender includes the feminine and neuter genders and vice versa.
- k. Words importing the singular includes the plural and vice versa.

SECTION C: FOR PAYEE USE ONLY

Name of Payee Corporation:

Please initiate deduction of my/our account number:

with Malayan Banking Bhd.

for payment of Premium/Policy Loan/SAMM/Unit No.

- i. for payment of Premium:
* monthly/quarterly/half-yearly/yearly. Amount: _____
- ii. for payment of policy loan:
* monthly/quarterly/half-yearly/yearly. Amount: _____

Name of Life Assured/Registered Subscribers: _____

Tel No. _____

Name of Policy holder if other than above: _____

Date: _____

Account holder's Signature _____

Policy Owner's Signature

I/C :

* delete whichever not applicable.

Our Ref: _____ Date: _____

Policy/Bill Account/Loan/SAMM Account No./Unit No.

Premium: _____ Bill/Loan: _____ Commencement Date: _____

We acknowledge receipt of your Direct Debit Instruction (DDI) form. Please retain this acknowledgement for your reference.

Malayan Banking Berhad
(3813-K)

2. We expressly authorised the Bank to furnish my/our account number at any time and from time to time to the Payee Corporations.
3. The Bank is not responsible or liable for any claim, loss, damage, cost and expenses arising from the unsuccessful processing of the debits due to insufficient funds, malfunction of system, electricity failure, and any other factors beyond the control of the Bank, including but not limited to the wrongful debits of my/our account due to inaccurate information provided by the Payee. Under such circumstances, I/We shall resolve the payment of my/our bills directly with the payee concerned.
4. This authority shall continue to be enforce up to a maximum of 30 days or upon my/our record being deleted from the Autodebit System File after, I/We expressly revoke the same by notice in writing to you. I/We further understand that the Bank can delete or update my/our Autodebit base on advice received from Payee Corporation.
5. I/We further understand, should the registered subscriber, loan account holder or the unit holder be someone other than myself/ourselves, the Bank will not be concerned or requested to enquire whether the Subscriber's name on the record of the Payee corporation is the same as that heretofore by me/us.
6. I/We also agree to absolve you from any liability whatsoever in respect of any error or omission in the payment of said bill(s).
7. I/We hereby agree to indemnify and to keep the Bank indemnified against any claims, loss, damage, cost and expenses that the Bank may incur arising from my/our authorisation to the Bank to debit my/our account aforesaid or otherwise howsoever.
8. The Bank reserves the right to charge the terms and conditions contained in this Agreement and determine this arrangement at its discretion.
9. I/We understand that my/our first payment through the Autodebit Service shall only commence after 30 days from the date of submission of the DDI form or upon receipt of claims from the payee.
10. I/We agree to pay your nominal charges of RM1.00 per transaction for the provision of the Autodebit Service by debiting my/our account where the payment of bills is made from. I/We further understand that you shall be entitled to vary such charges or impose other charges as deemed appropriate for providing the service without prior notice to me/us.
11. In the event that a debit cannot be successfully processed/debited on a particular deduction date, I/We authorise the Bank to reattempt to debit the same due premium/loan instalment from my/our account on subsequent deduction date(s) subject to claim from the payee.
12. The Bank may at any time from time to time without prior notice amend its list or payee corporation or withdraw from providing the service in whole or in part and without assigning and reasons thereof and shall not be held liable for any loss or damage which may be suffered by the customer as a result of such action by the bank.
13. All the communications with the customer sent by ordinary post or left at the address last registered with the Bank be deemed to have been delivered by the Bank in due course.
14. The Bank is no obligation to honour any payment instruction made through the service unless there is sufficient available fund in the account of at least 4 working days from the deduction date. The available fund does not take into account of advances against cheque facility granted to the customer.
15. If the customer's account is overdrawn, the customer shall on demand by the Bank make good any amount overdrawn plus any interest thereon which shall be calculated based on the Bank's current account overdraft interest rate.
16. The Terms and Conditions governing the account of the customer with the Bank and which are consistent with these Terms and Conditions shall continue to apply.
17. I/We further understand that the Bank has no obligation to notify me/us of my/our Autodebit transaction rejected due to whatsoever reasons.
18. If there is any conflict between the English and Bahasa version, the English version shall prevail.

BORANG MEWUJUDKAN WAKAF TUNAI MELALUI POTONGAN GAJI/AUTODEBIT

SILA BACA KETERANGAN SEBELUM MENGISI BORANG			
1. Borang ini perlu diisi dengan lengkap. 2. Satu resit rasmi akan dikeluarkan bagi jumlah potongan yang dibuat pada tahun berikutnya. 3. Penyertaan akan diambil kira pada tarikh penerimaan bayaran. 4. Pemohon adalah bertanggungjawab memastikan potongan gaji dibuat oleh majikan masing-masing dan memaklumkan kepada majikan sekiranya ingin membuat perubahan potongan.			
JENIS POTONGAN	☐ Potongan Gaji ☐ Autodebit Bank		
NAMA PEMOHON		NO. KAD PENGENALAN	
		BARU	
		LAMA	
ALAMAT SURAT MENYURAT			
NAMA DAN ALAMAT MAJIKAN (BAHAGIAN GAJI)			
JAWATAN PEMOHON		NO. TELEFON	
		RUMAH/HP	
		PEJABAT	
EMEL			
SILA TANDAKAN (✓) DIPETAK BERKENAAN			
POTONGAN GAJI ☐ Kakitangan Awam Persekutuan (kod 5119) ☐ Kakitangan Awam Negeri ☐ Kakitangan Swasta/Badan Berkanun		Saya membenarkan potongan bulanan bagi membolehkan saya menyertai WAKAF TUNAI mulai bulan _____ tahun 20____. ☐ Sumbangan permulaan RM _____ ☐ Ditambah / kurang dari RM _____ kepada RM _____ ☐ Penamatan	
AUTODEBIT BANK ☐ Akaun Simpanan ☐ Akaun Semasa Bank ☐ Maybank ☐ CIMB Bank Nombor Akaun			
<i>“Dengan ini saya membenarkan potongan sebanyak _____ (sebulan) sebagai wakaf Saya / Almarhum / Almarhumah _____ kerana Allah Ta’ala”</i> ----- (Tandatangan pemohon) ----- (Tarikh) Segala penyertaan dan pertanyaan sila kemukakan kepada: Perbadanan Wakaf Selangor (PWS), MAIS Tingkat 10, Menara Selatan, Bangunan Sultan Idris Shah, 40000 Shah Alam, Selangor Darul Ehsan. Tel : 03-5518 8001 Faks : 03-5514 3789 Emel : wakaf@wakafselangor.gov.my Laman web : www.wakafselangor.gov.my			