

**AUTHORISED PERSON AND BENEFICIAL OWNER DECLARATION FORM**
BORANG PENGISYTIHARAN ORANG YANG DIBERI KUASA DAN PEMILIK BENEFISIAL**APPLICATION/POLICY INFORMATION****MAKLUMAT PERMOHONAN/POLISI**Application/Policy Number
*Nombor Permohonan/Polisi*Applicant /Policy Owner Name
*Nama Pemohon/Pemilik Polisi***PART 1: APPOINTMENT OF AUTHORISED PERSON (FOR ENTITY)****BAHAGIAN 1: PERLANTIKAN ORANG YANG DIBERI KUASA (UNTUK SYARIKAT)**Please provide the details of the company you are representing. / *Sila berikan butiran syarikat yang anda wakili.***ENTITY DETAILS / BUTIR-BUTIR SYARIKAT**Full Name of Entity
*Nama Penuh Syarikat*Entity Registration No.
*No. Pendaftaran Syarikat*Nature of Business
*Jenis Perniagaan*Correspondence Address
*Alamat Surat Menyurat*Office Telephone No.
No. Telefon Pejabat

I/We, the undersigned _____ [Name], hereby appoint the following individual(s) as Authorised Personnel(s) empowered to sign all policy forms, agreements, claims and any insurance documentation on behalf of the Entity.

Dengan ini, saya/kami, yang bertandatangan di bawah ini, _____ [Nama melantik individu berikut sebagai Orang Yang Diberi Kuasa untuk menandatangani semua borang polisi, perjanjian, tuntutan, dan sebarang dokumen insurans bagi dan atas nama Syarikat.

I/We hereby confirm that the information provided in this form is true and accurate to the best of our knowledge. We also undertake to inform Zurich Life Insurance Malaysia Berhad of any changes to our Authorised Personnel and/or their details.

*Dengan ini, saya/kami mengesahkan bahawa maklumat yang diberikan dalam borang ini adalah benar dan tepat berdasarkan pengetahuan kami. Kami juga berjanji akan memaklumkan kepada Zurich Life Insurance Malaysia Berhad tentang sebarang perubahan kepada Orang Yang Diberi Kuasa dan/atau butiran mereka.***Note / Nota:**

- Copy of Authorised Personnel NRIC is required. / *Salinan kad pengenalan Orang Yang Diberi Kuasa diperlukan.*
- Self-appointment of director as Authorised Personnel is permissible only in the case of sole directorship companies. / *Perlantikan pengarah sendiri sebagai Orang Yang Diberi Kuasa hanya dibenarkan untuk syarikat berpengarah tunggal.*

Signed on / *Ditandatangani pada:* _____ / _____ / _____ [DD/MM/YYYY]Specimen Signature of
First Authorised Personnel
*Tandatangan Spesimen
Orang Yang Diberi Kuasa
Pertama*Specimen Signature of
2nd Authorised Personnel
*Tandatangan Spesimen
Orang Yang Diberi Kuasa
Kedua*Signature of Beneficial Owner & Company Stamp
*Tandatangan Pemilik Benifisial & Cop Syarikat*Name / *Nama:*
NRIC / *No.KP Baru:*
Passport / *Pasport:*
Place / *Tempat:***Customer Service Center**Ground Floor, Block B, Plaza Zurich, 12, Jalan Gelenggang, Bukit Damansara, 50490 Kuala Lumpur.
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APPOINTMENT OF AUTHORISED PERSON (FOR ENTITY)
PERLANTIKAN ORANG YANG DIBERI KUASA (UNTUK SYARIKAT)

In the event that there are more than two (2) Authorised Persons, please provide the information using additional declaration form. / Sekiranya terdapat lebih daripada dua (2) Orang Yang Diberi Kuasa, sila berikan maklumat menggunakan borang pengisytiharan tambahan.

First Authorised Personnel / Orang Yang Diberi Kuasa Pertama

| | | | |
|---|--|---|---|
| Full Name <i>Nama Penuh</i> | | | |
| New IC No./Other ID No. <i>No. K.P. Baru/No. ID lain</i> | | Date of Birth <i>Tarikh Lahir</i> | |
| Nationality <i>Kewarganegaraan</i> | | Gender <i>Jantina</i> | <input type="checkbox"/> Male / <i>Lelaki</i> <input type="checkbox"/> Female / <i>Perempuan</i> |
| Name of Employer <i>Nama Majikan</i> | | Designation <i>Jawatan</i> | |
| Nature of Business <i>Jenis Perniagaan</i> | | Occupation/Exact Duty <i>Pekerjaan/Tugas Sebenar</i> | |
| Contact No. <i>No. Telefon</i> | | | |
| Email <i>E-mel</i> | | | |
| Correspondence Address <i>Alamat Surat Menyurat</i> | | | |
| Residential Address <i>Alamat Kediaman</i> | | | |

Second Authorised Personnel / Orang Yang Diberi Kuasa Kedua

| | | | |
|---|--|---|---|
| Full Name <i>Nama Penuh</i> | | | |
| New IC No./Other ID No. <i>No. K.P. Baru/No. ID lain</i> | | Date of Birth <i>Tarikh Lahir</i> | |
| Nationality <i>Kewarganegaraan</i> | | Gender <i>Jantina</i> | <input type="checkbox"/> Male / <i>Lelaki</i> <input type="checkbox"/> Female / <i>Perempuan</i> |
| Name of Employer <i>Nama Majikan</i> | | Designation <i>Jawatan</i> | |
| Nature of Business <i>Jenis Perniagaan</i> | | Occupation/Exact Duty <i>Pekerjaan/Tugas Sebenar</i> | |
| Contact No. <i>No. Telefon</i> | | | |
| Email <i>E-mel</i> | | | |
| Correspondence Address <i>Alamat Surat Menyurat</i> | | | |
| Residential Address <i>Alamat Kediaman</i> | | | |

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**PART 2: BENEFICIAL OWNER (Individual Person who is represented by the Policy Owner/Entity)****BAHAGIAN 2: PEMILIK BENEFISIAL (Individu Perseorangan yang diwakili oleh Pemilik Polisi/Syarikat)****Please refer to the definition below for Beneficial Owner****Sila rujuk definisi di bawah untuk Pemilik Benefisial**

| Category of Beneficial Owner <i>Kategori Pemilik Benefisial</i> | Description / <i>Penerangan</i> |
|--|---|
| A | The natural person who ultimately have controlling ownership interest more than 25% in the entity. <i>Orang sebenar yang akhirnya mempunyai kepentingan pemilikan melebihi 25% dalam syarikat.</i> |
| B | The natural person who exercising control of the entity, through other means. <i>Orang sebenar yang menjalankan kawalan ke atas syarikat, dengan cara lain.</i> |
| C | The natural person who holds the position of Senior Management. <i>Orang sebenar yang memegang jawatan Pengurusan Kanan.</i> |
| D | The trustee of the trust (person who manages the trust). <i>Pemegang amanah (orang yang menguruskan amanah).</i> |
| E | The settlor of the trust (the person who creates the trust). <i>Pembentuk amanah (orang yang mewujudkan amanah).</i> |
| F | The protector of the trust (person appointed by settlor to oversee the trustee). <i>Pelindung amanah (orang yang dilantik oleh pembentuk amanah untuk mengawasi pemegang amanah).</i> |
| G | Beneficiary of the trust (person who benefits from the trust). <i>Benefisiari amanah (orang yang mendapat manfaat daripada amanah).</i> |

Please fill up personal details of Beneficial Owner (natural person). In case the number of Beneficial Owner is more than four (4), please provide the information by using additional declaration form.

Sila lengkapkan maklumat peribadi Pemilik Benefisial (orang sebenar). Sekiranya bilangan Pemilik Benefisial lebih daripada empat (4), sila berikan maklumat tersebut dengan menggunakan borang pengisytiharan tambahan.

Beneficial Owner 1 / Pemilik Benefisial 1

| | | | |
|---|---|--|--|
| Full Name <i>Nama Penuh</i> | | | |
| New IC No./Other ID No. <i>No. K.P. Baru/No. ID lain</i> | | Date of Birth <i>Tarikh Lahir</i> | |
| Gender <i>Jantina</i> | <input type="checkbox"/> Male / <i>Lelaki</i> <input type="checkbox"/> Female / <i>Perempuan</i> | Telephone No. <i>No. Telefon</i> | |
| Nationality <i>Kewarganegaraan</i> | | Country of Birth <i>Negara Kelahiran</i> | |
| Residential Address <i>Alamat Kediaman</i> | | | |
| Correspondence Address <i>Alamat Surat Menyurat</i> | | | |
| Relationship to Applicant/Policy Owner <i>Hubungan dengan Pemohon/Pemilik Polisi</i> | <input type="checkbox"/> Spouse / <i>Suami/Isteri</i> <input type="checkbox"/> Child / <i>Anak</i> <input type="checkbox"/> Siblings / <i>Adik-beradik</i> <input type="checkbox"/> Director / <i>Pengarah</i> | <input type="checkbox"/> Parents / <i>Ibu Bapa</i> <input type="checkbox"/> Parent-in-law / <i>Ibu Bapa Mertua</i> <input type="checkbox"/> Shareholder / <i>Pemegang Saham</i> <input type="checkbox"/> Other / <i>Lain-Lain</i> : _____ | |
| Occupation/Exact Duty <i>Pekerjaan/Tugas Sebenar</i> | | | |
| Industry / <i>Industri</i> | | Ownership / <i>Pemilikan (%)</i> | |
| Name of Employer / <i>Nama Majikan</i> | | | |

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**Beneficial Owner 2 / Pemilik Benefisial 2**

| | | | |
|---|---|--|--|
| Full Name <i>Nama Penuh</i> | | | |
| New IC No./Other ID No. <i>No. K.P. Baru/No. ID lain</i> | | Date of Birth <i>Tarikh Lahir</i> | |
| Gender <i>Jantina</i> | <input type="checkbox"/> Male / <i>Lelaki</i> <input type="checkbox"/> Female / <i>Perempuan</i> | Telephone No. <i>No. Telefon</i> | |
| Nationality <i>Kewarganegaraan</i> | | Country of Birth <i>Negara Kelahiran</i> | |
| Residential Address <i>Alamat Kediaman</i> | | | |
| Correspondence Address <i>Alamat Surat Menyurat</i> | | | |
| Relationship to Applicant/Policy Owner <i>Hubungan dengan Pemohon/Pemilik Polisi</i> | <input type="checkbox"/> Spouse / <i>Suami/Isteri</i> <input type="checkbox"/> Child / <i>Anak</i> <input type="checkbox"/> Siblings / <i>Adik-beradik</i> <input type="checkbox"/> Director / <i>Pengarah</i> | <input type="checkbox"/> Parents / <i>Ibu Bapa</i> <input type="checkbox"/> Parent-in-law / <i>Ibu Bapa Mertua</i> <input type="checkbox"/> Shareholder / <i>Pemegang Saham</i> <input type="checkbox"/> Other / <i>Lain-lain</i> : _____ | |
| Occupation/Exact Duty <i>Pekerjaan/Tugas Sebenar</i> | | | |
| Industry / <i>Industri</i> | | Ownership / <i>Pemilikan (%)</i> | |
| Name of Employer / <i>Nama Majikan</i> | | | |

Beneficial Owner 3 / Pemilik Benefisial 3

| | | | |
|--|--|--|--|
| Full Name <i>Nama Penuh</i> | | | |
| New IC No./Other ID No. <i>No. K.P. Baru/No. ID lain</i> | | Date of Birth <i>Tarikh Lahir</i> | |
| Gender <i>Jantina</i> | <input type="checkbox"/> Male / <i>Lelaki</i> <input type="checkbox"/> Female / <i>Perempuan</i> | Telephone No. <i>No. Telefon</i> | |
| Nationality <i>Kewarganegaraan</i> | | Country of Birth <i>Negara Kelahiran</i> | |
| Residential Address <i>Alamat Kediaman</i> | | | |
| Correspondence Address <i>Alamat Surat Menyurat</i> | | | |
| Relationship to Applicant / Policy Owner <i>Hubungan dengan Pemohon/ Pemilik Polisi</i> | <input type="checkbox"/> Spouse / <i>Suami/ Isteri</i> <input type="checkbox"/> Child / <i>Anak</i> <input type="checkbox"/> Siblings / <i>Adik-beradik</i> <input type="checkbox"/> Director / <i>Pengarah</i> | <input type="checkbox"/> Parents / <i>Ibu Bapa</i> <input type="checkbox"/> Parent-in-law / <i>Ibu Bapa Mertua</i> <input type="checkbox"/> Shareholder / <i>Pemegang Saham</i> <input type="checkbox"/> Other / <i>Lain-Lain</i> : _____ | |
| Occupation/Exact Duty <i>Pekerjaan/Tugas Sebenar</i> | | | |
| Industry / <i>Industri</i> | | Ownership / <i>Pemilikan (%)</i> | |
| Name of Employer / <i>Nama Majikan</i> | | | |

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Beneficial Owner 4 / Pemilik Benefisial 4

| | | | |
|---|---|--|--|
| Full Name <i>Nama Penuh</i> | | | |
| New IC No./Other ID No. <i>No. K.P. Baru/No. ID lain</i> | | Date of Birth <i>Tarikh Lahir</i> | |
| Gender <i>Jantina</i> | <input type="checkbox"/> Male / <i>Lelaki</i> <input type="checkbox"/> Female / <i>Perempuan</i> | Telephone No. <i>No. Telefon</i> | |
| Nationality <i>Kewarganegaraan</i> | | Country of Birth <i>Negara Kelahiran</i> | |
| Residential Address <i>Alamat Kediaman</i> | | | |
| Correspondence Address <i>Alamat Surat Menyurat</i> | | | |
| Relationship to Applicant/Policy Owner <i>Hubungan dengan Pemohon/Pemilik Polisi</i> | <input type="checkbox"/> Spouse / <i>Suami/Isteri</i> <input type="checkbox"/> Child / <i>Anak</i> <input type="checkbox"/> Siblings / <i>Adik-beradik</i> <input type="checkbox"/> Director / <i>Pengarah</i> | <input type="checkbox"/> Parents / <i>Ibu Bapa</i> <input type="checkbox"/> Parent-in-law / <i>Ibu Bapa Mertua</i> <input type="checkbox"/> Shareholder / <i>Pemegang Saham</i> <input type="checkbox"/> Other / <i>Lain-lain</i> : _____ | |
| Occupation/Exact Duty <i>Pekerjaan/Tugas Sebenar</i> | | | |
| Industry / <i>Industri</i> | | Ownership / <i>Pemilikan (%)</i> | |
| Name of Employer / <i>Nama Majikan</i> | | | |

DECLARATION / PENGISTIHARAN

I/We hereby confirm that the information provided above is true and accurate to the best of our knowledge, and we undertake to inform Zurich of any changes to our Beneficial Owner(s) and/or their details.

Dengan ini, saya/kami mengesahkan bahawa maklumat yang diberikan di atas adalah menurut pengetahuan kami benar dan tepat, dan kami akan memaklumkan kepada Zurich tentang sebarang perubahan kepada Pemilik Benefisial dan/atau butiran mereka.

I/We understand and agree that by signing up for any products offered by Zurich Life Insurance Malaysia Berhad ("the Company"), interacting with the Company and submitting my/our information to the Company, I/we have consented to the collection, processing, using and sharing of my/our personal data including my/our sensitive personal data by and for the Company.

Saya/Kami memahami dan bersetuju bahawa dengan mendaftar untuk mana-mana produk yang ditawarkan oleh Zurich Life Insurance Malaysia Berhad ("Syarikat"), berinteraksi dengan Syarikat dan mengemukakan maklumat saya/kami kepada Syarikat, saya/kami telah bersetuju dengan pengumpulan, pemprosesan, penggunaan dan perkongsian data peribadi saya/kami termasuk data peribadi sensitif saya/kami oleh dan untuk Syarikat.

I/We understand and agree that the personal data provided may be used, processed and disclosed by the Company to individuals/organisation related to and associated with the Company or any appointed third party (within or outside of Malaysia, including reinsurance/retakaful, claims investigation companies and industry associations and federations) for the obligatory purposes of processing this application and providing subsequent service for this product and/or communicate with me/us for such purposes; as described in the Company's Personal Data Protection Notice published at <https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice>.

Saya/Kami memahami dan bersetuju bahawa data peribadi yang diberikan boleh digunakan, diproses dan didedahkan oleh Syarikat kepada individu/organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dilantik (di dalam atau di luar Malaysia, termasuk insurans/takaful semula, syarikat penyiasatan berkenaan tuntutan dan persatuan industri dan persekutuan) untuk tujuan yang diperlukan bagi memproses permohonan ini dan menyediakan perkhidmatan selanjutnya untuk produk ini dan/atau berkomunikasi dengan saya/kami untuk tujuan tersebut; seperti dinyatakan dalam Notis Perlindungan Data Peribadi Syarikat yang dipaparkan di <https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice>.

I/We understand that I/we have the right to access, update, change or opt-out my/our personal data held by the Company concerning me/us. Such requests can be made through forms which can be downloaded at the Company's website or in writing at the Company's nearest branches.

Saya/Kami memahami bahawa saya/kami mempunyai hak untuk mengakses, mengemaskini, mengubah atau memilih untuk tidak berkongsi data peribadi saya/kami yang disimpan oleh Syarikat mengenai saya/kami. Permintaan tersebut boleh dibuat dengan melengkapkan borang yang boleh dimuat turun di laman web Syarikat atau secara bertulis di cawangan Syarikat yang terdekat.

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I/We understand that inquiries or complaints (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information) can be made by contacting the Company's Customer Care Officer at 1-300-888-622, or by visiting/writing to the Company at CallCentre@zurich.com.my.

Saya/Kami memahami bahawa pertanyaan atau aduan (seperti mengehadkan pemprosesan maklumat tertentu, termasuk penarikan balik persetujuan untuk menerima maklumat pemasaran) boleh dibuat dengan menghubungi Pegawai Khidmat Pelanggan Syarikat di 1-300-888-622, atau dengan melawat/menulis kepada Syarikat di CallCentre@zurich.com.my.

I/We understand that the Company's Personal Data Protection Notice may be updated from time to time in line with the requirement set forth in the Personal Data Protection Act 2010 and Code of Practice on Personal Data Protection for the Insurance and Takaful Industry in Malaysia and the updated Personal Data Protection Notice is being published at the Company's website

Saya/Kami memahami bahawa Notis Perlindungan Data Peribadi Syarikat boleh dikemas kini dari semasa ke semasa selaras dengan keperluan yang dinyatakan dalam Akta Perlindungan Data Peribadi 2010 dan Kod Amalan Perlindungan Data Peribadi untuk Industri Insurans dan Takaful di Malaysia yang terkini adalah dipaparkan di laman web Syarikat.

I/We hereby declare that the Beneficial Owners above have given their unconditional and explicit consent to the collection and processing of their personal data as described above.

Dengan ini, saya mengaku Pemilik-Pemilik Benefisial tersebut telah memberi keizinan tanpa syarat dan persetujuan secara nyata untuk pengumpulan dan pemprosesan data peribadi mereka yang dinyatakan di atas.

Signed on / Ditandatangani pada : _____ / _____ / _____ [DD/MM/YYYY]

Signature of Applicant/Policy Owner
Tandatangan Pemohon/Pemilik Polisi

Signature of Witness
Tandatangan Saksi

Name / Nama

Name / Nama

New NRIC / No. Kad Pengenalan
Passport No. / No. Pasport

New NRIC / No. Kad Pengenalan
Passport No / No. Pasport

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