



## DIRECT AUTOCREDIT AUTHORISATION FORM

Kindly forward all information for autocredit of bonuses/commissions into your bank account. Please take note that name on bank account must be the same as name of NewLife™ IBO.

<b>Personal Information</b>																					
Name : (as per NRIC)	IBO Code :																				
IC No./Passport No. :	Date of Birth :																				
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone no. :																				
	Email Address :																				
Address :																					
<b>About Your Bank Account Details</b>																					
Type of Application : <input type="checkbox"/> Individual <input type="checkbox"/> Joint	Account Type : <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Corporate																				
Principal Name :																					
Bank Name :	Branch :																				
Principal Account Number :	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																				
Remarks :																					

I hereby authorize you to credit all bonuses/commissions due to my/our Bank Account as stated above.

I understand the above disclosure is to Total Reach Marketing Sdn Bhd for bonuses/commission purpose. I confirm and declare that no further consent from me is necessary or required in relation thereto, and any other contractual consent for such disclosures. I agree this authorization is to remain in full force and effect until cancelled by the Company, or by written notice from me, given in such time and manner as to allow the Company a reasonable opportunity to act upon it.

In consideration of your extending the above service, I hereby indemnify you and hold you indemnified against any consequences, claims, actions, proceeding or losses whatsoever that may arise or be incurred by reason of you extending the above service.

\_\_\_\_\_  
Authorised Signatories

Date : (DD/MM/YYYY)