

1. CUSTOMER INFORMATION

| | | | | | | | | | | | | | | | | |
|----------------|--|--|----------------|--|--|--|--|--|--|----------|--|--|--|--|--|--|
| Company Name : | | | | | | | | | | | | | | | | |
| Site Address : | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Postcode | | | | | | |
| Bank | | | Account Number | | | | | | | | | | | | | |
| MAYBANK | | | | | | | | | | | | | | | | |

Permission to install floor/wall bolts (if needed) Yes No

2. AUTHORIZED DEPOSITOR

| No | Name | NRIC/Passport No. | Mobile No. | Allow to Disarm? Yes/No |
|----|------|-------------------|------------|----------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Please tick where applicable. Max 3 emails for all options EXCEPT PORTAL ACCESS

3. Email for e-Safe Notifications

| No | Email | Name | Mobile No. | Collection | Crediting | Online Portal | FLM | Invoice |
|----|-------|------|------------|------------|-----------|---------------|-----|---------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

3. DECLARATION

| | |
|--|------------------------|
| I hereby authorized the above persons to perform deposits to the e-SAFE machine. | |
| <p>-----</p> <p>Name : NRIC : Date :</p> | <p>Company Stamp :</p> |

4. The completed form should be faxed to 03-7983 3635 or email to help@e-safe.com.my at least THREE (3) working days before the installation date.

5. FOR ARMOUR SECURITY USE ONLY

| | | | |
|-----------------|----------------------|---|----------------------|
| Customer ID | <input type="text"/> | – | <input type="text"/> |
| Terminal ID | <input type="text"/> | – | <input type="text"/> |
| Virtual Account | <input type="text"/> | | |
| Group ID | <input type="text"/> | | |