

| 1. C              | SUSTOMER INFORMA                      | TION      |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
|-------------------|---------------------------------------|-----------|-----------------|----------|-----------|----------------|------------------------|----------|----------------|--------------|---------------------|------------------|--------------------|------------------|------------------|--------------------|--|
| Company Name :    |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| Site A            | ddress :                              |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
|                   |                                       |           |                 |          |           |                |                        |          |                | Postcode     |                     |                  |                    |                  |                  |                    |  |
| Operating hours : |                                       |           |                 |          |           |                |                        |          |                | Close days : |                     |                  |                    |                  |                  |                    |  |
|                   |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| Bank              |                                       |           |                 |          |           | Account Number |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| MAYBANK           |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| Permis            | ssion to install floor/wall           | l bolts   |                 | Yes      |           | 1              | No                     |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 2. A              | UTHORIZED DEPOSI                      | TOP       |                 |          | L         |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| No No             |                                       |           |                 |          |           |                | NRIC/Passport No.      |          |                | Mobile No.   |                     |                  |                    |                  | Allow to Disarm? |                    |  |
| 1                 |                                       |           |                 |          |           |                | · ·                    |          |                |              |                     |                  |                    | (Yes             | (Yes / No)       |                    |  |
| 2                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 3                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 4                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 5                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
|                   |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 3. E              | MAIL FOR E-SAFE N                     | OTIFICA   | TIONS           |          |           |                |                        |          |                | Ple          | ase tick<br>for all | (√) wl<br>∣optio | here ap<br>ons EXC | plicabl<br>EPTO  | e. Max<br>NLINE  | 3 emails<br>PORTAL |  |
| No                | Email Name                            |           |                 |          |           |                | Mobile No.             |          |                |              | Collection          | on Cre           |                    | Online<br>Portal | FLM              | Invoice            |  |
| 1                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    | ruitai           |                  |                    |  |
| 2                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
|                   |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 3                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 4                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 5                 |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 4 5               | AECLABATION                           |           | <u> </u>        |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| I here            | ECLARATION<br>by authorized the above | e persons | s to perform    | deposits | to the E- | Safe ma        | achine                 |          |                |              |                     |                  |                    |                  |                  |                    |  |
|                   |                                       |           | Company Stamp : |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
|                   |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| Name              |                                       |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| NRIC<br>Date      | :                                     |           |                 |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
| 5. F              | OR ARMOUR SECUR                       | ITY USE   | ONLY            |          |           |                |                        |          |                |              |                     |                  |                    |                  |                  |                    |  |
|                   | Machine ID T                          |           |                 |          |           |                | Гуре of Machine        |          |                | N            | Mini Standar        |                  |                    |                  |                  |                    |  |
|                   |                                       |           |                 |          |           | Craditi        | Crediting Cut Off Time |          |                | <u> </u>     | Default Others: _   |                  |                    |                  |                  |                    |  |
|                   |                                       |           |                 |          |           |                |                        | OII IIII | i <del>c</del> | L            | ciauli              |                  | Une                | 15               |                  |                    |  |
|                   |                                       |           | , ,             |          |           |                |                        |          |                | Sales        | Person              |                  |                    |                  |                  |                    |  |
|                   |                                       |           |                 |          |           |                |                        |          |                |              | . 0.0011            |                  |                    |                  |                  |                    |  |

6. GLOSSARY

Allow to Disarm – Permission for a person to be authorized to off the alarm for the E-Safe; Collection – Cash collection from the E-Safe; Crediting – Notification of amount credited into customer's account according to the respective cut off times; FLM (First Line Maintenance) – Maintenance of the E-Safe, CCTV & alarm system.