

# INTER-PACIFIC

SECURITIES SDN. BHD.

197201001092 (12738-U)  
A Participating Organisation of Bursa Malaysia Securities Berhad  
A Trading Participant of Bursa Malaysia Derivatives Berhad

Date Received  -  -

## STANDING INSTRUCTION FOR PAYMENTS RECEIVED FROM THIRD PARTY

### CLIENT'S DATA

Trading Account No.	<input type="text"/>										
Client Name (As per NRIC / Passport)	<input type="text"/>										
NRIC / Passport No.	<input type="text"/>					Old NRIC No.	<input type="text"/>				

### THIRD PARTY PAYER'S PARTICULARS

Third Party Payer's Name (As per NRIC / Passport)	<input type="text"/>									
NRIC / Passport No.	<input type="text"/>									
Contact No.	<input type="text"/>									
Residential Address	<input type="text"/>									
Specimen Signature and Concurrence of the Third Party Payer (for verification purpose where applicable)	<input type="text"/>									

### DECLARATION BY TRADING ACCOUNT HOLDER (CLIENT)

Relationship of the Third Party with Client	<input type="text"/>									
Reason for The Third Party Payment	<input type="text"/>									

The Third Party Payer Exercising Trading Authority over my Trading Account  Yes  No

I hereby authorise the above Third Party Payer to deposit into my Trading Account for my trading activities and settlement purpose until such time this authorisation is officially revoked by me. I further declare that the instruction does not constitute any form of money laundering and I do hereby undertake to indemnify and keep Inter-Pacific Securities Sdn Bhd ("IPS") fully indemnified against any losses, damages, debts, actions, claims, demands, costs, charges and/or expenses which IPS may sustain, incur and be liable as result or as a consequence of its action in accordance with my standing instruction herein. I shall inform IPS accordingly should there be any changes or updates to the Third Party's particulars that will have an effect on my standing instruction herein.

Signature of Client \_\_\_\_\_ Date : \_\_\_\_\_

### DECLARATION BY DEALER'S REPRESENTATIVE ("DR") / REGISTERED REPRESENTATIVE ("RR")

I confirm that the above client has appeared before me to execute this instruction form authenticating the said instruction. In consideration thereof, I hereby undertake to indemnify and keep IPS fully indemnified against any losses, damages, debts, actions, claims, demands, costs, charges which IPS may sustain, incur and liable as a result or in consequence of its action in accordance with the instruction herein.

Signature of DR / RR : _____	DR / RR Code : (where applicable) _____
Name of DR / RR : _____	Date : _____

### FOR OFFICE USE ONLY

Client's Signature verified by : _____	Date : _____
Arrangement Approved by : _____	Date : _____