

Hong Leong BizOne Overdraft Facility Form

Application

Cancellation

Important Notice:

Please complete this form legibly and tick (V) where applicable.

Hong Leong BizOne Overdraft Facility pledged against Fixed Deposit

FD Account Number pledged to OD	FD Receipt Number	Amount (RM)	FD Tenure	FD Interest Rate
1.)	1.)			
	,		1 MONTH	
	2.)			
	,		1 MONTH	
	3.)		1	
	,		1 MONTH	
	4.)		TWONT	
	,		1 MONTH	
	5.)		IMONTH	
	3.)		1 MONTH	
2.)	6.)		IMONTH	
	8.)			
			1 MONTH	
	7.)			
			1 MONTH	
	8.)			
			1 MONTH	
	9.)		IMONTH	
	5.1			
			1 MONTH	
	10.)			
			1 MONTH	

Declaration

I/we hereby :

1. declare that all information furnished to Hong Leong Bank Berhad ("Bank") herein are complete, true and correct;

2. understand that my application herein is subject to the Hong Leong BizOne Solution Terms and Conditions, as amended from time to time, a copy of which is available at the Bank's website at www.hlb.com.my and I/we agree to be governed by the same which I/we have read and understood;

3. declare that I/we am/are not bankrupt(s), that no act of bankruptcy has/have been committed by me/us and there are no prosecution or bankruptcy proceedings pending, instituted or ordered against me/us; 4. that I/we am/are not in default on any accounts with the Bank, Hong Leong Islamic Bank Berhad or other financial institutions and further authorise the Bank to discuss with the relevant financial institution(s) regarding any late payment history;

5. undertake to promptly inform the Bank of any changes to the information provided by me/us and agree not to hold the Bank liable for any consequences in the event any of the information provided by me/us are false, incorrect or incomplete;

6. declare to the Bank that I/we am/are not a connected party under the BNM Guidelines on Credit Transactions and Exposures with Connected Parties Guidelines ("said Guidelines"), which includes but is not limited to, a spouse, child, parent or financial dependant of the Bank's Director, Executive Officer or credit-approving/appraising/reviewing officer or in the case of a corporate/business customer, includes an entity controlled by such abovementioned persons from the Bank. If at any time I/we become a connected person(s), I/we must notify the Bank in writing immediately. The Bank reserves the right to close the Hong Leong BizOne Solution Account in the event I/we fail to make the appropriate or correct declaration, resulting in the Bank contravening the Financial Services Art 2013 (FSA) or the said Guidelines:

correct declaration, resulting in the Bank contravening the Financial Services Act 2013 (FSA) or the said Guidelines; 7. Represent and warrant that I/we have obtained the consent of all persons named in my/our application herein or such other document submitted to the Bank in support of my/our application herein and/or my/our authorised representatives, including but not limited to my/our directors, shareholders, authorised signatories or such other persons as specified by the Bank ("Relevant Data Subjects") for the Bank's collection, holding and use of the personal information of the Relevant Data Subjects in accordance with the Bank's Privacy Policy** as may be amended from time to time;

(**Note: "Privacy Policy" shall mean the Bank's policies and principles pertaining to the collection, use and storage of personal information of existing and prospective individuals and entities dealing with the Bank as may be amended from time to time and made available at the Bank's website or in such manner as the Bank deems appropriate from time to time.)

8. Represent, warrant and confirm that all monies now or hereafter paid to the Bank in relation to the Hong Leong BizOne Solution Overdraft come from lawful sources and do not breach the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 or similar legislation applying in the jurisdiction where the monies are derived;

9. Agree and undertake to release, discharge and indemnify the Bank from and against any liabilities, costs, losses and charges that may occur in connection with any inaccurate or incomplete information provided by me and/or any act and/or omission by me/us pursuant to this application;

10. confirm and understand that the Bank reserves the right to decline an application without giving any reasons;

11. acknowledge that the Bank may approve the facility for an amount lower than what I/we applied for; and

12. irrevocably authorise HLB to debit all fees and charges including stamp duties, legal fees/costs and/or registration fees in connection with the Overdraft Facility obtained from the BizOne Current Account before the Overdraft Facility is made available to me.

Condition of Authorisation	(must be similar to BizOne Current Accou	int and BizOne Fixed Deposit signing	condition) (Please tick (V) one)
Any One to sign		Any Two to sign	All to sign

Any Two to sign	All to sign	Others:	
	Any Two to sign	Any Two to sign All to sign	Any Two to sign All to sign Others: Others Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign Image: Comparison of the sign

For Bank Lise Only

FOI BAILK USE ONLY				
Filled in By Tellers/Branch Officers/CRAs	Checked By CSOMs	Approved By Branch Managers	CED Reviews	
			Justification	
Signature	Signature	Signature	Signature	
Name :	Name :	Name :	Name :	
Staff ID :	Staff ID :	Staff ID :	Staff ID :	
Date :	Date :	Date :	Date :	