Date:

To: Bangkok Bank Berhad

From:_____(the Customer)

RE: Authorisation Of Representative to Operate Bank Account

I, the Customer, due to current health condition as per following:

(*Please tick (√) whichever is applicable*)

☐ Bed-Ridden / Hospitalized (support with medical certificate / letter)

☐ Old age

☐ Others, please state: _____

which prevents me from attending to banking matters at the branch personally, do hereby appoint and authorise the below-named Authorised Person to have access to selected or all my sole accounts in Bangkok Bank Berhad over the counter, as follows:

Authorised Person Full Name:	
Authorised Person NRIC / Passport No:	
Authorised Person Contact Number:	
Sole account number(s):	

(*Please tick (√) whichever is applicable*)

☐	Balance Enquiry	☐	Fixed Deposit Placement / Renewal
☐	Bank Statement Retrieval / Update Passbook	☐	Fixed Deposit upliftment (direct credit into account owner's account only)

In acceding to my instructions herein, I hereby absolve Bangkok Bank Berhad of any liabilities that may arise out of my instruction herein. This authorisation is only valid for 6 months from the date of this letter.

Signed by Customer

.....

Full Name:

NRIC/Passport No.:

Authorised person

.....

Full Name:

NRIC/Passport No.:

For Bank use only		
☐ OTC ☐ Offsite (with biometric) ☐ Offsite (without biometric) Offsite visited by: ..... Staff Name: Date & Time:	Attended by: ..... Staff Name: Date & Time: ☐ Customer & Authorised person signature verified ☐ Customer & Authorised person Mykad biometric / passport verified ☐ Supporting documents collected	Approved / Rejected by: ..... Staff Name: Date & Time: Valid until: Comment(s):