

## DIRECT PAYMENT FORM

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CONTRACT/POLICY NO. : \_\_\_\_\_

CONTRACT HOLDER : \_\_\_\_\_  
(University / College) \_\_\_\_\_

We hereby confirmed to participate in Direct Payment whereby the claim shall be remitted directly to the Contract Holder / Student or Student Next of Kin bank's account detail below :-

Student's Name / : \_\_\_\_\_

IC No / Passport No : \_\_\_\_\_

Payee Name : \_\_\_\_\_  
(Student / Next of Kin)

Bank's Name : \_\_\_\_\_

Bank's Account No. : \_\_\_\_\_

Bank's Account ID No : \_\_\_\_\_  
(Applicable of payment to Participant/  
Contract Holder : \_\_\_\_\_

### UNIVERSITY/COLLEGE CONTACT DETAIL

Contact Person : \_\_\_\_\_  
(University/College Officer In-charged)

Contact No : \_\_\_\_\_

Email Address : \_\_\_\_\_

Fax No : \_\_\_\_\_

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Authorized Signature

Name :

IC No :

Contract Holder's Chop/Stamp :

*Kindly provide the claimant (student / next of kin) bank account number duly CTC by the officer in charged of University/College*