

## **AUTHORISATION TO TRANSFER FUNDS**

l,	, of	
hereby give authorisation for CG Unite	d Insurance Ltd. to transfer the proceeds from my Claim s	settlement, Reference
Number into	the bank account noted below.	
SECTION 1 ACCOUNT HOLDER DE	ETAILS	
Name:		
Address:		
Contact Nos.: (H)	_(M)	
Contact Person:	Email	
SECTION 2 BANK ACCOUNT DETA	AILS	
Name of Banking Institution:		
Name on Account:		
Account Number:	Bank Code:	
Branch Code:	Branch Location:	
Type of Account:		
SECTION 3 DECLARATION		
I agree that my use of any electronic b	anking channel will be in accordance with the following to	erms and conditions:
	nean the undersigned corporation, partnership, association means any instructions from or purporting to be from me	
communication. I also understand that	I understand that celularl phones and Internet email are CG United recommends that customers do not share cor or email or share their Internet passwords with others. If e risks of doing so.	nfidential information
CG United's acting or failing to act upomisconduct). In the event of CG United	lible for any costs, damages, demands or expenses that I in my Communications (except for CG United's gross negd's gross negligence or wilful misconduct CG United's liable. CG United will not in any event be liable for any special, profit.	ligence or wilful ility will be limited to the
United incurs (other than due to its ow fees and expenses, arising from CG Un	G United harmless from any claims, damages, demands and gross negligence or wilful misconduct), including amone ited acting or declining to act, on any of my Communication to any other indemnity or assurance given against loss	ng other things all legal ions given under this
	ecuting this Agreement I authorise CG United to accept ar I further agree that any one of the signatories to this Agr	
I/We declare that the above particulars	s are true.	
Authorised Signature	Date (DD/MM/YY)	
	INSURANCE	Rev.01-2

www.CGUnited.com