

To: The Manager

CIMB Bank Berhad [Registration No: 197201001799 (13491-P)]/  
CIMB Islamic Bank Berhad [Registration No: 200401032872 (671380-H)]

\_\_\_\_\_ Branch



Letter of Indemnity

*Applicable for application, to use Debit Card and to access Online Banking and such other Electronic Banking Services by print handicapped/blind/visually impaired persons.*

Name of Applicant: .....(**Applicant**)

NRIC / Passport No: .....

In consideration of the Bank\* agreeing to my application to utilise the Debit Card, Online Banking and other Electronic Banking Services such as automated teller machines (“**ATM**”) and mobile banking services of the Bank (collectively referred to as “**the Banking Services**”) at any time,

I, the Applicant hereby:

1. acknowledge that I understand and agree to the Bank’s Terms and Conditions governing the Debit Card and the Banking Services which I have accessed and which have been made available to me in PDF format and/or in a compatible audio format and/ or which have been read and communicated to me by the Witness mentioned below, before my application.
2. confirm that I am aware that the Banking Services are not currently configured for the use of the print handicapped/blind/visually impaired persons and I accept the risks in taking up these services.
3. agree not to hold the Bank liable and undertake to fully indemnify and keep the Bank indemnified at all times from and against all claims, actions, proceedings, demands, losses, damages, cost, charges and expenses, which may be incurred by the Bank in relation to the Bank agreeing to my application and utilisation of the Banking Services (notwithstanding such application, utilisation or transaction may be fraudulent or unauthorized) unless caused by the Bank’s gross negligence or wilful default.

\*The Bank refers to CIMB Bank Berhad or CIMB Islamic Bank Berhad, as the case may be, being the licensed financial institution considering your application.

.....

Signature/ Thumbprint of Applicant

Name : .....

NRIC/Passport No: .....

Address : .....

.....

**Attestation Clause**

I, .....("Name") NRIC/Passport  
No: ....., a sighted friend/ relative/ companion# hereby  
certify that the thumbprint/ signature of the Applicant above named was signed/ placed herein in my  
presence on this ..... day of ..... 20..... and the Applicant has acknowledged to me that he/she  
understands the contents and effect of this Letter of Indemnity which were read out to him/her.

.....  
Signature of Witness

Name : .....

NRIC/Passport No: .....

Address : .....

.....

Note: -

1. If the customer chooses for a sighted friend, relative or companion to be present, the signature/ thumbprint of the applicant must be witnessed by his/ her sighted friend, relative or companion aged 18 and above.
2. # Delete whichever is not applicable

For Bank's Use Only
..... Signature/ Thumb print Verified by: Name: Staff ID: