

日期：2021 年 1 月 27 日

股息将支付至社员个人银行账户

亲爱的社友，

本社想以更便捷的方式将您的股息直接汇进您的个人银行账户。

方法与步骤

您只需填妥在后方的电子付款表格并将之通过 WhatsApp 发送至本社帐号 (011-13121019)。

社员所提供的资料仅为本社内部使用且将获得严格保密，不会透露予任何第三者。

Date: 27 January 2021

Dividends Paid Directly into your Bank Account

Dear members,

We want to enjoy the hassle free benefit of your dividends being directly credited to your bank account.

Here's how

Just fill up the E-payment form at the back and WhatsApp the completed form to 011-13121019.

All information provided are for our internal use only and is strictly confidential and will NOT be disclosed to any third parties.

Yours faithfully,

Koperasi Jayadiri Malaysia Berhad



DATO' YIK PHOOI HONG

Secretary

E-PAYMENT FORM (电子付款表格)

Kindly complete this form for crediting of your dividend or other payments via e-payment.

Name 姓名 :

Identity Card No.

 (Old 旧)

身份证号码 : (New 新)

Membership No. 社员号码 :

TIN No. 税务识别码:

*Correspondence Address

通讯地址:

*(如有更改地址方须填写 Only complete if there are any changes)

Contact No. 电话号码 : (HP)

(O)

(H)

(Email) _____

I hereby instruct KOJADI to credit all payments due to me into the following bank account:

NOTE: INDIVIDUAL ACCOUNT ONLY. JOINT ACCOUNT IS NOT ALLOWED. PLEASE ENCLOSE A COPY / SCREEN SHOT OF YOUR BANK BOOK / STATEMENT SHOWING YOUR NAME AND ACCOUNT NUMBER(S) FOR VERIFICATION PURPOSE.

Bank Name	Type of Account	Account No.
1.	<input type="checkbox"/> Savings <input type="checkbox"/> Current	<table border="1" style="width: 100%; height: 20px;"></table>
2.	<input type="checkbox"/> Savings <input type="checkbox"/> Current	<table border="1" style="width: 100%; height: 20px;"></table>

Declaration:

1. I have fully understood and shall abide by the By-laws of Koperasi Jayadiri Malaysia Berhad (KOJADI).
2. I hereby consent and authorize KOJADI to provide information furnished by me to the Bank that KOJADI deems appropriate. I further agree that I shall not hold KOJADI liable for any claim, damage or liability howsoever arising (including indirect, special, consequential or punitive damages and / or any monetary loss) due to inaccuracy, incompleteness or inauthenticity of its contents or for the consequences of reliance which may be placed on the information.
3. KOJADI shall not be held responsible for any loss and / or delay pertaining to my payment.

_____(Signature of member)

Name :

Identity Card No :

Date :

Note: If you have completed and returned this e-payment form earlier to KOJADI, please IGNORE this attached form. If you have changed your bank account number and details, please notify KOJADI as soon as possible.