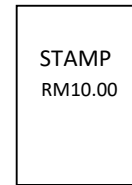


LETTER OF INDEMNITY
(LOSS OF FIXED DEPOSIT RECEIPT)



Date :

MUFG Bank (Malaysia) Berhad 199401016638 (302316-U)
Kuala Lumpur

Dear Sir,

I/We, the undersigned, in consideration of your re-issuing or paying Fixed Deposit No for
RM(Ringgit) dated
..... in the name of

In lieu of the original which has been mislaid, lost or destroyed, hereby agree to save you harmless and indemnified from and against all claims and demands in respects of the said receipt and from and against all losses, damages, costs, charges and expenses which you may sustain, incur or be liable to in the event of the receipt being in any way dealt with or being forthcoming at any future time.

CONSENT FOR PROCESSING PERSONAL DATA

I/We hereby expressly consents and authorizes the Bank to the collection of my/our personal data in this form and to be used and processed for the following purposes and if required for the said purposes, to transfer such data to locations outside Malaysia or disclosed to the Bank's related corporation, licensees, business partners and/or service providers, who may be located within or outside Malaysia :

- (a) process applications and forms for products and services;
- (b) to communicate with me/us and provide information on product and services;
- (c) evaluate and monitor credit worthiness;
- (d) to provide related services to me/us;
- (e) conduct internal procedures;
- (f) to respond to my/our inquiries;
- (g) to meet legal and regulatory requirements; and
- (h) such other purposes as set out in the general Terms and Conditions in this Application / Form.
- (i) I/We understand that I/we am/are entitled to withdraw my/our consent by providing a withdrawal of consent notice to the Bank unless such disclosure by the Bank is required to comply with any legal or contractual requirements. The Bank shall cease disclosure of my/our information within seven (7) days from the day the Bank receives the withdrawal of consent notice.

Signature :
 Name :
 IC./Passport No.
 Address :

Signature in the presence of :
 Name :
 IC./Passport No.
 Address :

FOR BANK USE ONLY

MODE OF PAYMENT

- Proceeds credited to Account No.
- Reissue new Fixed Deposit Receipt No.
- Others

Management	HOD	Officer	Maker