

General Guidelines:

All users (Account Holders and Billers) of Direct Debit service shall comply with the following procedures to fill in the DDA Form provided. Billers are responsible to ensure that the guidelines are adhered to before the forms are forwarded to the Biller Bank, failing which will result in rejection of the DDA Form and subsequently being charged with a processing fee.

- a. The standard DDA Form template (according to the respective Seller Bank with a barcode) is provided in dual language (Malay and English) so as to comply with BNM's guidelines.
- b. Original forms must be submitted to **RHB Bank** and photocopies of the original DDA Form is NOT allowed.
- c. All fields marked with (*) are mandatory and MUST be completed by the Payer. Any incomplete form (or form that does not comply with the guidelines) will be rejected by the Direct Debit Operator and returned to Biller Bank for re-submission.
- d. The form must be filled-up using CAPITAL LETTERS and BLACK INK.
- e. Please tick as on the relevant boxes.
- f. One (1) DDA Form is required for every new application, maintenance and termination.
- g. Please attach any document that can confirm your Employer Name and Employer EPF Number. (i.e: Pre-printed Form A, Posted List)
- h. Processing period of DDA Form will take 21 working days. Once the submission is successful, Account Holders need to verify the account details through myEPF.

Guidelines for Account Holder/ Employers:

An Account Holder/ Employers are required to fill-in all mandatory fields marked as (*) under “FOR ACCOUNT HOLDER'S COMPLETION” section, based on the following guidelines:

a. **Type of application (*)** - This field is for the Account Holder/ Employers to state the purpose of the application i.e. either for new DDA application, maintenance or termination purposes. The box must be ticked as clearly.

b. **Account Holder's Name (Primary)(*)** – Primary Account Holder's / Employer's name if the account is under a joint name.

c. **ID Number (*)** – Account Holder/ Employers to indicate the identity number to be used for verification either new or old IC number, Passport number or Business registration number.

Account Holder/ Employers to tick one box only as clearly.

d. **Saving or Current Account No. (*)** – refers to the Account Holder's / Employer's bank account number for the direct debit deduction. Any symbol or special characters such as '-', '/' etc shall not be used.

e. **Bank Abbreviation (*)** – Account Holder's / Employer's bank code. Refer to the list provided.

f. **Telephone Number (*)** – Account Holder's / Employer's latest telephone / contact number to be used by the Payer Bank for verification, if necessary.

g. **E-mail (*)** – Account Holder's / Employer's email address as an alternative communication channel in case the Account Holder / Employer is not reachable by telephone number.

h. **Purpose of Payment (*)** – This field is default to **BAYARAN KEPADA KWSP**.

i. **Maximum amount to debit per transaction(*)** – Provided in blank boxes to be filled-up by the Account Holder / Employer only, based on maximum expected amount to be debited as per the agreed trade/purchase/bill/contract arrangement with the Biller

j. **Maximum frequency(*)** – The maximum allowable number of times the Biller can successfully debit Payer account either on daily, weekly, monthly or yearly basis.

k. **Mode of frequency(*)** – The frequency in which debit the Account Holder's / Employer's account can be debited by the Biller i.e. on daily, weekly, monthly or yearly basis.

Account Holder/ Employer to tick one box only as clearly.

l. **Effective Date(*)** – refers to the effective date for the first direct debit payment / deduction. The effective date specified by the Account Holder / Employer in the DDA Form, however, shall be subject to the date the DDA request (application / maintenance / termination) is approved and set-up by the Payer Bank, whichever is the latter.

m. **Expiry date**– This field is default to Not Applicable (NA).

n. **Signature / Company Stamp (*)** – Account Holder's/ Employer's signature as per the Payer Bank's record for Payer Bank's authentication and verification. For Joint Account, the signature must be as per the Payer Bank's signing conditions. For corporation, company stamp is optional.

o. **Date (*)** –refer to the date in which the Account Holder/ Employer executes or sign-off the DDA Form.

p. **Payment Reference No. (Employer EPF No.)** – This refers to a nine (09) digits Employer EPF Number. If the Employer EPF Number is less than nine (09) digits, please add leading zeros.

DDA FORM FILLING-IN GUIDELINES

DIRECT DEBIT

NO	PARTICIPATING BANKS	BANK ABBREVIATION
1	AFFIN BANK	ABB
2	ALLIANCE BANK	ABMB
3	AMBANK	AMBB
4	AL RAJHI BANKING & INVESTMENT CORPORATION	ARM
5	BANK ISLAM MALAYSIA	BIMB
6	BANK MUAMALAT	BMMB
7	BANK PERTANIAN MALAYSIA (AGROBANK)	AGRO
8	BANK KERJASAMA RAKYAT MALAYSIA	BKRB
9	BANK SIMPANAN NASIONAL	BSN
10	BANK OF AMERICA	BOFA
11	BANK OF TOKYO-MITSUBISHI UFJ	BTMU
12	BANK OF CHINA	BOCM
13	BNP PARIBAS MALAYSIA	BNPP
14	CIMB BANK	BCBB
15	CITIBANK	CTB
16	DEUTSCHE BANK	DBB
17	HONG LEONG BANK	HLBB
18	HSBC BANK	HSBC
19	INDUSTRIAL & COMMERCIAL BANK OF CHINA (ICBC)	ICBC
20	JP MORGAN CHASE	JPMC
21	KUWAIT FINANCE HOUSE	KFH
22	MAYBANK	MBB
23	MIZUHO CORPORATE BANK	MCBM
24	OCBC BANK	OCBC
25	PUBLIC BANK	PBB
26	RHB BANK	RHB
27	STANDARD CHARTERED BANK	SCB
28	SUMITOMO MITSUI BANKING CORPORATION	SMBC
29	UOB BANK	UOB