



Zurich Takaful Malaysia Berhad (731996-H)
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eGMS Registration Form

GT Agent Code : _____

GT Agent Name : _____

Email address : _____

Mobile No. : _____

(Important Notice : Please key in your Mobile No. here. We will use your Mobile No. to send you the activation link for activating your account, reset your password and for other service notification)

My Acknowledgement

I/We hereby declare and acknowledge that I/we shall not without Zurich Takaful Malaysia Berhad's written consent disclose any information of any format which I have access or obtained from the portal website of Zurich Takaful Malaysia Berhad to any other party either directly or indirectly which I/we may have access by virtue of this registration. Any information obtained or secured therefrom shall be solely used for the business activities related to Zurich Takaful Malaysia Berhad. I/We hereby declare that I/we shall not for any reason or circumstances whatsoever disclose or share my/our password or ID to any other person(s). I/We shall hereby further confirm that all the terms and conditions stipulated in the Agency Agreement executed between the parties shall be applicable hereto notwithstanding anything to the contrary.

Signature : _____

Company's stamp : _____

All information here is privy to Zurich Takaful Malaysia Berhad used exclusively to help us customize our services to you.