

AmFriends Cruiser's Rental Registration

Name of Driver:
Agency ID:
Name of Agency:
Contact Number:
Age:
I.C Number:
Driver License Number:
Number of Days for Rental:
Date(s) of Rental:

Additional Drivers:

1. Name of Driver:
Agency ID:
Name of Agency:
Age:
I.C Number:
Driver License Number:

2. Name of Driver:
Agency ID:
Name of Agency:
Age:
I.C Number:
Driver License Number:

3. Name of Driver:
Agency ID:
Name of Agency:
Age:
I.C Number:
Driver License Number:

I _____(Name of Agent); _____(I.C Number); from _____(Agency Name) hereby agree to abide by the terms and conditions provided by AmAssurance and will take full responsibility in taking care of this vehicle. I understand and agree that a total RM_____ will be deducted from my commission account for the rental of AmFriends Cruiser. However should the amount payable from my commission is insufficient, the total amount payable will be deducted from my Agency/Unit Manager's commission account, namely _____(Name of Agency/Unit Manager); _____(I.C Number); _____(Contact Number).

Sign:

Name of Agent:
Date:

Name of Agency/ Unit Manager:
Date: