



e-Invoice Information Form

Please fill in all the **compulsory** fields below

| e-Invoice Fields | Details |
|---------------------------------------------------------------------------------------|---------|
| Individual Name/Registered Company Name | |
| National Registration Identity Card (NRIC)/ New Business registration Number (BRN) | |
| Tax Identification Number (TIN) | |
| Sales and Service Tax (SST) Number (If any) | |
| Malaysia Standard Industrial Classification (MSIC) Code | |
| Business Activities Description | |
| Individual Address/ Registered Business Address | |
| e-Invoicing Notification email address | |

Declaration:

I/We, the Authorized Person named below hereby certify and confirm that I have the legal authority to provide the information requested in this form on behalf of the Legal Entity named below. I further confirm that all information provided in this form in relation to IRBM/LHDN e-invoice compulsory data requirements is true, accurate and complete to the best of my knowledge. Additionally, I confirm that I have read and understood Tokio Marine Insurans (Malaysia) Berhad's privacy policy at <https://www.tokiomarine.com/my/en/non-life/about-us/corporate-policies/privacy-policy.html> ("Privacy Policy") and I consent to Tokio Marine Insurans (Malaysia) Berhad collecting, processing, transferring, storing and use the information provided, including personal data in accordance with the purposes and practices set out in the Privacy Policy.

(For Non-Individual Only)

(Signature)

(Company Stamp)

Name: _____

Designation: _____

Date: _____