**APPENDIX 1: SAMPLE of migration request letter**

**[Your Company Letterhead]**

**[Date]**

**To: Bank Muamalat Malaysia Berhad,**

 **iBiz Operations and Support**
**24th Floor, Menara Bumiputra,**

**21, Jalan Melaka,**

**50100 Kuala Lumpur Wilayah Persekutuan**

**Subject: UPGRADE from iBiz muamalat to new iBiz muamalat**

Dear Sir/Madam,

We are writing to formally request an upgrade of our company’s online banking services from **iBiz Muamalat** to the **New iBiz Muamalat** platform.

**Company Details:**

**Company Name:** [Your Company Name]

**Business Registration Number:** [Your Business Registration Number]

 **Current Account Number:** [xxxxxxxxxxxxxx]

***Please list down or Add any other account number tagged with current iBiz***

**Financing Account Number:** [xxxxxxxxxxxxxx]

**FTA Account Number :** [xxxxxxxxxxxxxx]

**Client Account Number :** [xxxxxxxxxxxxxx]

Other Account Number : [xxxxxxxxxxxxxx]

**EPF Employer code :** [xxxxxxxxxxxxxx]

**SOCSO Employer code :** [xxxxxxxxxxxxxx]

**LHDN Employer code :** [xxxxxxxxxxxxxx]

**Current iBiz Muamalat User ID are as follows:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **User Name** | **NRIC No** | **Mobile No** | **E-mail Address** | **User Function:****View Only / Maker /****Checker / Authoriser** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

If there is any amendment for the authorized user information, please provide the supporting documents (attach with the letter)

**Reason for Upgrade:** We understand that the **New iBiz Muamalat** offers enhanced features, a more user-friendly interface, improved security measures and bundled with **Ibiz Muamalat Mobile Application** for cash flow monitoring, transaction authorization, view account balances and access to online statements. We believe that upgrading to this new platform will better serve our business needs and improve our overall banking experience.

**Requested Upgrade Date:** We kindly request that the upgrade be scheduled for [Preferred Date] to ensure a smooth transition with minimal disruption to our daily operations.

**Contact Information:** For any further information or clarification, please contact:

**Name :** [Your Contact Person’s Name]

**Position :** [Your Contact Person’s Position]

**Phone Number :** [Your Contact Person’s Phone Number]

**Email Address :** [Your Contact Person’s Email Address]

Please tick the option if require training for **New iBiz Muamalat** System  YES  NO

We appreciate your prompt attention to this matter.

Thank you.

Yours sincerely

***Authorize Signatory***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 **[Your Name]**
**[Your Position]**
**[Your Company Name]**
**[Your Contact Information]**

(Authorized Person to deal with Bank Muamalat)