

Please complete in BLOCK LETTERS and tick (✓) where applicable

**Section A : Business Information**

Registered Business Name :	Registered Business Number :	iBiz Company ID : (please leave it blank if you unsure)
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Maintenance Type:  
(please select the maintenance type and fill in the details in the section required)

- |  |  |
|--|--|
| <input type="checkbox"/> Section B: Add/Remove/Update User       | <input type="checkbox"/> Section C: Link/Delink Account      |
| <input type="checkbox"/> Section D: Token Maintenance            | <input type="checkbox"/> Section E: Transaction Limit Update |
| <input type="checkbox"/> Section F: Update Statutory Information |  |

**Section B : Add/Remove/Update User**

Please select the user maintenance:

- ☐ Add User
 ☐ Remove User
 ☐ Update User Info

User Details		Access to Account No	User Function			
			View Only	Maker	Checker	Authoriser
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRIC/Passport						
Email Address						
Mobile Number						
Login ID						
Authorisation Group (applicable only for Authoriser) : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						

- ☐ Add User
 ☐ Remove User
 ☐ Update User Info

User Details		Access to Account No	User Function			
			View Only	Maker	Checker	Authoriser
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRIC/Passport						
Email Address						
Mobile Number						
Login ID						
Authorisation Group (applicable only for Authoriser) : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E						

Note : Please attach Appendix for additional Authorised user if required.

**Section C : Link/Delink Account**

Please select the account maintenance: ☐ Link Account ☐ Delink Account

☐ Principal Account(s) Linking:

Account Numbers:	C1)	C2)	C3)
	C4)	C5)	C6)

Please attach Appendix for additional account numbers if required. Applicable to all accounts under the same business entity and customer information records (CIF) with the bank. All services are available to all accounts by default (where applicable)

☐ Subsidiaries Account(s) Linking:

Subsidiaries Account	C1)	C2)	C3)
Numbers:	C4)	C5)	C6)

*Note: Please ensure supporting Board Resolutions from related subsidiary company(ies) furnished along with this application form. Please attach Appendix for additional account numbers if required.*

#### Section D : Token Maintenance

User Details		Upgrade to eToken (The minimum OS requirements, Android 12/iOS 16)	Deactivate eToken/ Mobile Device	Replace Physical Token (subject to Token Charges)
Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRIC/Passport				
Login ID				
Token Serial Number (applicable to Physical Token)				
Reason to Replace (applicable to Physical Token)	<input type="checkbox"/> Lost <input type="checkbox"/> Damage <input type="checkbox"/> Faulty <input type="checkbox"/> Not received			
Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRIC/Passport				
Login ID				
Token Serial Number (applicable to Physical Token)				
Reason to Replace (applicable to Physical Token)	<input type="checkbox"/> Lost <input type="checkbox"/> Damage <input type="checkbox"/> Faulty <input type="checkbox"/> Not received			

*Note : You are recommended to use eToken where you can authorize payment via 2-Factor Authentication through Mobile Device. Please attach Appendix for additional Users if required.*

#### Section E: Transaction Limit Update

Normal Business Transaction Limit

- a. Single Payment RM \_\_\_\_\_
- b. Bulk Payment/Payroll RM \_\_\_\_\_

Specific Business Transaction Limit

No	Transaction Limit (up to RM)	Fill in the number of authorization required for each User Group in Section B				
		A	B	C	D	E

*Note: If "Transaction Limit and Authorisation" differed for each service i.e. IBG, RENTAS & Bulk Payment, kindly attached Appendix on the transaction limit requirement.*

**Section F : Update Statutory Information**

EPF/KWSP Employer Ref Number

SOCSSO/PERKESO Employer Ref Number

IRB/LHDN Employer Ref Number

**Section G : Company Authorised Signatory(ies)**

Signature

Name:

NRIC/Passport

No:

Designation:

Date:

Signature

Name:

NRIC/Passport

No:

Designation:

Date:

Signature

Name:

NRIC/Passport

No:

Designation:

Date:

Signature

Name:

NRIC/Passport

No:

Designation:

Date:

**FOR BANK USE ONLY**

Attended By:

Name:

Date:

Verified By:

Name:

Date:

Remarks:

1) CIF Number:

2) iBiz Company ID: