

iBiz Muamalat - Application Form

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

Section A: Business Information		
Registered Business Name:	Business Registration Number:	Date of Incorporation/ Registration:
Nature of Business:		Website URL:
Business Type: (please select ONE only)		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Bodies
<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Societies/ Association
<input type="checkbox"/> Local Government	<input type="checkbox"/> State Government	<input type="checkbox"/> Federal Government
<input type="checkbox"/> Co-operative	<input type="checkbox"/> Trade Union	<input type="checkbox"/> Statutory Bodies
<input type="checkbox"/> International Organisation		
Section B: Declaration of Small Medium Enterprises (SMEs)		
<input type="checkbox"/> Non-SME		
<input type="checkbox"/> SME (Please fill in below):-		
For the purpose of BMMB compliance with the guidelines on the definition of Small and Medium Enterprises (SMEs) as stipulated by the relevant authorities, I/We hereby declare the following in respect of my/our company/business enterprise: -		
a) Manufacturing Sector	OR	b) Services or Other Sector
<input type="checkbox"/> Turnover less than RM50 million.		<input type="checkbox"/> Turnover less than RM20 million.
<input type="checkbox"/> Full time employees not exceeding 200 workers.		<input type="checkbox"/> Full time employees not exceeding 75 workers.
Section C: Subscription Type Information		
<input type="checkbox"/> Inquiry Mode (Please skip Section D, J, K, L, M & N)	<input type="checkbox"/> Transaction Mode	
Section D: Token Information		
Security Token Option:	Hard Token(s) Delivery Option:	
<input type="checkbox"/> Hard Token	<input type="checkbox"/> Account Home Branch	
	<input type="checkbox"/> Registered address*	
	<input type="checkbox"/> Correspondence address:	
	State:	
Note: 1) If not selected, the security token(s) will be defaulted to registered address. In the event the registered address is a P.O.Box address, the security tokens(s) will be delivered to the account home branch. 2) Registered address as per account opening, any changes of the address customer(s) are required update at our branch.		
Number of Token(s) required (only for Transactional module): _____		
Section E: Account(s) Information (for debiting of fees/charges)		
Account Number: <input type="text"/>		
Note: We hereby authorised the Bank to make periodically monthly deduction from our account as stated above for iBiz Muamalat subscription fee. For full details on the iBiz Muamalat subscription fees please visit https://www.muamalat.com.my/fees-charges-home/		

Section F: Principal Account(s) Linking

<input type="checkbox"/>	All Accounts			
<input type="checkbox"/>	Specific Account Numbers:	F1)	F2)	F3)
		F4)	F5)	F6)

Note: If not selected, all accounts will be linked by default. 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)

Section G: Subsidiaries Account(s) Linking

G1)	G2)	G3)
G4)	G5)	G6)

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 H: Authorised Users Information**Appointment of Authorised User(s):**

User Details		Access to Account No (F/G)	User Functions			
			View Only	Maker*	Checker	Authoriser*
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRIC/ Passport No						
Email Address						
Mobile Number						
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRIC/ Passport No						
Email Address						
Mobile Number						
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRIC/ Passport No						
Email Address						
Mobile Number						
Name			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRIC/ Passport No						
Email Address						
Mobile Number						

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

Section I: Existing Facility Confirmation

Please tick below if your company have any of the facilities with BMMB:

<input type="checkbox"/> Trade Finance	<input type="checkbox"/> Autopay	<input type="checkbox"/> Liquidity Management	<input type="checkbox"/> MCash
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Section J: Corporate System Administrators Information

Appointment of System Administrators:

Please nominate at least one (1) maker and one (1) authoriser for administration of the company's users and profile maintenance.

System Administrator: **Maker** (Corporate Back Office)

Name as per NRIC/Passport	NRIC/Passport No	Mobile No	Email Address

System Administrator: **Authoriser** (Corporate Back Office)

Name as per NRIC/Passport	NRIC/Passport No	Mobile No	Email Address

Note: Please note that by default, the appointed system administrators will be granted access to all account(s) and related account(s) linked to the Primary Corporate Account detailed under Section B. The access rights and function rights of the Authorised Corporate User(s) can be amended according to preference with the use of the System Administrator function.

Section K: User Authorisation Group Assignment

User Group				
A	B	C	D	E

Note: Please fill-up Authoriser name as per Section H.

Section L: Transaction Limit and Transaction Authorisation

Normal Business Transaction Limit:

- a. Single Payment RM _____
 b. Bulk Payment RM _____

Note: If not declared, application will be defaulted to system's maximum limit

Specific Business Transaction Limit:

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

*If "Transaction Limit and Authorisation" differed for each services i.e. IBG, RENTAS & Bulk Payment, kindly attached another copy of this section.

Section M: Payroll Management Subscription

EPF/KWSP Employer Ref Number

SOCSSO/PERKESO Employer Ref Number

IRB/LHDN Employer Ref Number

Section N: DuitNow ID Registration

☐ Yes (new registration) ☐ Yes (switch from other bank) ☐ No

Company Registration Type	Company ID	BMMB Crediting Account No
SSM		
Non SSM (i.e. Sole Proprietor/Partnership)		

Note:

- 1) BMMB will use your Business Registration Number as the Company ID for registration purposes (if applicable)
- 2) DuitNow ID is your Business Registration Number registered with Suruhanjaya Syarikat Malaysia (SSM). DuitNow ID can only be linked to one bank account number for each Business Registration Number.

Section O: Nomination of Authorised Contact Persons

Name as per NRIC/Passport: NRIC/Passport No.: Telephone/Mobile No.: Email Address: Designation:	Name as per NRIC/Passport: NRIC/Passport No.: Telephone/Mobile No.: Email Address: Designation:
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Note: To be fill if the Authorised Contact Persons is different from Authorised Signatory.

Section P: Declarations

- 1) I/We hereby apply for the service provided by Bank Muamalat Malaysia Berhad.
- 2) I/We have read, understood and accepted the Terms and Conditions (<https://www.muamalat.com.my/transaction-banking/cash-management/>) governing the use of iBiz Muamalat platform before submitting this application, and agree irrevocably and unconditionally to be bound by such terms and conditions.
- 3) I/We hereby confirm that I/we am/are authorised to act for and on behalf of the Company/ Association/ Club/ Society/ Partnership/ Professional Bodies/ Religious Bodies/ Government Linked Agencies to apply for iBiz Muamalat platform products and services provided by the Bank.
- 4) I/We hereby confirm that all information provided is true and accurate.
- 5) I/We further agree that my/our liabilities shall be a continuing liability and shall remain in full force and effect until my/our liabilities if any is fully discharge to your satisfaction.
- 6) I/We further irrevocably agree to indemnify the Bank in full against all liabilities and all actions, suits, proceedings, demands, damages, costs and any expenses whatsoever or howsoever arising and/or incurred and/or sustained by the Bank (to the extent permissible under the law) arising out of or in connection with any authorisation given to the Bank, instructions given or purported to be given by the authorised person(s).
- 7) We may use your Personal Data:
 - To conduct market research and surveys with the aim of improving our products and services;
 - For marketing and cross selling purposes, promotional events, competitions and lucky draws including those jointly run with our current and future partners and affiliates.
 - Disclosure for cross selling purposes shall not be effected if it is objected by you by contacting our branch or customer service number which is stated in the Product Disclosure Sheet (PDS).

To be signed by Authorised Signatory(s) (as per stipulated in the board resolution submitted to the Bank)

_____ Signature Name as per NRIC/Passport: NRIC/Passport No: Designation: Date:	_____ Signature Name as per NRIC/Passport: NRIC/Passport No: Designation: Date:
_____ Signature Name as per NRIC/Passport: NRIC/Passport No: Designation: Date:	_____ Signature Name as per NRIC/Passport: NRIC/Passport No: Designation: Date:

FOR BANK USE ONLY

Attended By: Name: Date:	Verified By: Name: Date:	Remarks: 1) CIF Number: 2) GCIF Number:
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