

iBiz Muamalat – Maintenance Form

Eligible for protection by PIDM

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

Registered Business Name*: _____ Business Registration Number*: _____

Application Date*: _____ * denotes mandatory

Section A : Change of Application Module

I/We would like to change our application module to:

Transaction Mode

Please complete section (B) to add System Administrators and section (C) for Token request.
 Visit <https://www.muamalat.com.my/transaction-banking/cash-management/> for more details on the Fees and Charges.

Section B: System Administrators

We would like the Bank to perform the following request with immediate effect.

System Administrator: Maker (Corporate Back Office)

Add/ Edit/ Delete	Name as per NRIC/Passport	NRIC/ Passport No	Mobile No	Email Address

System Administrator: Authoriser (Corporate Back Office)

Add/ Edit/ Delete	Name as per NRIC/Passport	NRIC/ Passport No	Mobile No	Email Address

Section C: Corporate Details

Please tick (✓) for any of the following requests.

Token Related Request

Additional Mobile Token Request: _____

Additional Hard Token Request: _____ Token(s) (By selecting this option, I/We hereby authorise the Bank to debit the charges for each token request from my/our designated account.

Token Replacement: _____ Token(s) (By selecting this option, I/We hereby authorised the Bank to debit the charge for each token request from my/our designated account.

Note: The charge amount is available at the Bank’s website and letter of offer issued by the Bank. In the event there is a discrepancy between the charge amount in the Bank’s website and letter of offer issued by the Bank, the charge amount in the letter of offer will prevail.

Please send the Hard Token to:

Account Home Branch
 Registered Address

Correspondence Address:
State:
Telephone No:

*Note: 1) If not selected, the security token(s) will be defaulted to account home branch.
 2) 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.
 3) Registered address as per account opening, any changes of the address customer(s) are required update at our branch.*

New Daily Corporate Limit Maintenance

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

Section D: DuitNow ID Registration / Maintenance

Please fill in the information required in the following table:

Account Number	Please tick (✓) ONE only					
	New Registration	Edit	Delete	Suspend	Re-activation	Switch From Other Bank

Section E: Supply Chain Financing

Please tick (✓) the below request.

Change of Crediting Account Number BMMB Crediting Account No. _____

Section F: Liquidity Management

Sweep Instruction:

Complete the below if instruction for Sweep Type 1, 2 or 3

Option	Debiting Account	Crediting Account	Please refer the Instruction Notes below to select a number (applicable for Add/Edit)						
			Frequency ¹	Execution Time	Sweep Type	Sweep Amount (RM)	Start Date	End Date	

Complete the below if instruction for Sweep Type is 4 or 5

Option	Debiting Account	Crediting Account	Please refer the Instruction Notes below to select a number (applicable for Add/Edit)						
			Frequency ¹	Execution Time	Sweep Type	Sweep Percentage (%)	Start Date	End Date	

Note: ¹Please specify the date if you select Frequency 3.

Instruction: Frequency

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> 1 Daily | <input type="checkbox"/> 4 Weekly |
| <input type="checkbox"/> 2 Monthly | <input type="checkbox"/> 5 Yearly |
| <input type="checkbox"/> 3 ¹ Specific Date: _____ | |

Note: Please be informed that sweeping will only take place according to Bank's pre-defined banking calendar days.

Instruction: Execution Time

- | |
|---|
| <input type="checkbox"/> 1 Start of Day |
| <input type="checkbox"/> 2 End of Day |

Note: If not selected, application will be defaulted to end-of-day sweep.

Instruction: Sweep Type

- | |
|--|
| <input type="checkbox"/> 1 Debit Trigger (Debit debiting account if balance is more than maximum balance) |
| <input type="checkbox"/> 2 Credit Trigger (Credit crediting account if balance is less than minimum balance) |
| <input type="checkbox"/> 3 Zero Balancing (Debit debiting account to ensure the account is zeroed) |
| <input type="checkbox"/> 4 Percentage Debit (Debit debiting account and credit one or more participating account via a specified percentage) |
| <input type="checkbox"/> 5 Percentage Credit (Credit crediting account and debit one or more participating account via a specified percentage) |

Instruction: Sweep Amount

- | | |
|---|--|
| <input type="checkbox"/> 1 Minimum Amount | <input type="checkbox"/> 3 Maximum Amount |
| <input type="checkbox"/> 2 Threshold Target (in RM / %) | <input type="checkbox"/> 4 Sweep all balance (available) |

Note: Please attach Appendix for additional account numbers if required.

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Section H: Declaration

- 1) I/We hereby confirm that I/we am/are authorized to act for and on behalf of the Company/Association/Club/Society/Partnership/Agency/Entity.
- 2) I/We hereby confirm that all information provided herein and in any other form related to this application is true and accurate to the best of my/our knowledge as at the date of this application.

To be signed by Authorised Person(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: Date:	Verified By: Date:	Remarks:
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