

For bank use Date: CIF:

New User
 Modification
 Cancellation
 Forget User ID/ Password
 Lock/ Unlock User

1. COMPANY DETAIL

Business Type:
 Limited Company
 Partnership
 Association
 Others

Company Name:

Company Registration No.:

Address:

Company Email Address:

Telephone Number:

Company Website:

Contact Person Name: (Mr. / Mrs. / Ms. /)

Designation: Mobile Number:

Email Address:

2. SERVICES

Account Transfer
 Interbank Transfer
 Remittance
 Bulk Payment

Scheduled Payment
 Bill Payment
 Top up
 User Management

Account Numbers

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3. APPROVAL MANDATE

Any ___ Authorized User(s) required to approve all transactions/ amounts/ for all accounts with no limit.

Customized Mandate - BOD resolution/ meeting minutes to be attached.

4. APPOINTMENT OF USER

4.1 Right of User
 Viewer
 Maker
 Approver

Right of Services Access
 Payment
 Payroll

Name (Mr. / Mrs. / Ms. /): NRC / Passport No.:

Designation: Mobile Number:

Email Address: Username*:

*Contain 6-16 characters and/or numbers. Try to be unique, duplicate username will be rejected.

4.2 Right of User Viewer Maker Approver

Right of Services Access Payment Payroll

Name (Mr. / Mrs. / Ms. /): NRC / Passport No.:

Designation: Mobile Number:

Email Address: Username:

*Contain 6-16 characters and/or numbers. Try to be unique, duplicate username will be rejected.

4.3 Right of User Viewer Maker Approver

Right of Services Access Payment Payroll

Name (Mr. / Mrs. / Ms. /): NRC / Passport No.:

Designation: Mobile Number:

Email Address: Username:

*Contain 6-16 characters and/or numbers. Try to be unique, duplicate username will be rejected.

5. APPOINTMENT OF CORPORATE ADMIN USER

5.1 Right of User Corporate Admin Maker Corporate Admin Approver

Name (Mr. / Mrs. / Ms. /): NRC / Passport No.:

Designation: Mobile Number:

Email Address: Username:

*Contain 6-16 characters and/or numbers. Try to be unique, duplicate username will be rejected.

5.1 Right of User Corporate Admin Maker Corporate Admin Approver

Name (Mr. / Mrs. / Ms. /): NRC / Passport No.:

Designation: Mobile Number:

Email Address: Username:

*Contain 6-16 characters and/or numbers. Try to be unique, duplicate username will be rejected.

6. DECLARATION BY APPLICANT

I/ We hereby;

- 1.Request for eBanking service as set out above.
- 2.Confirm that I/ We have been provided with copies of the Terms & Conditions of eBanking Service and have read, understood and agree to be bound by each and all of the terms therein as may be amended and prevailing from time to time.
- 3.Confirm that the Terms & Conditions are applicable to each and all of services for which I/ We have applied have been made available to us, and that I/ We have read.

7. AUTHORIZED SIGNATORY (IES)

Signature _____	Signature _____	Signature _____
Name _____	Name _____	Name _____
Designation _____	Designation _____	Designation _____

8. FOR BANK USE

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