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| **Section A: BUSINESS DETAILS *(All Fields are MANDATORY)*** | | | | | | | | | | | | | | | | | | | | | |
| **Registered Name** | |  | | | | | | | | | | | | | | | | | | | |
| **Correspondence Address** | |  | | | | | | | | | | | | | | | | | | | |
| **Business Registration No.** | |  | | | | | | | | | | | | | | | | **Business Office No.** | |  | |
| **Business Email Address** | |  | | | | | | | | | | | | | | | | **Business Fax No.** | |  | |
| **Section A: Business Details** | | **Section A: Business Details** | | | | | | | | | | | | | | | | **Section A: Business Details** | | | |
| **Section B: CONTACT PERSON DETAILS *(All Fields are MANDATORY)*** | | | | | | | | | | | | | | | | | | | | | |
| **Full Name (as per NRIC/Passport)** | | |  | | | | | | | | | | | | | | | | | | |
| **NRIC/Passport Number** | | |  | | | | | | | |  | | | | | | | |  | |  |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  | | **Mobile No.** | |  |
|  | | | | | | | | | | | | | | | |  | |  |
| **Email Address** |  | | | | | | | | | | | | | | | | | | **Office No.** | |  |

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| **Section C: CORPORATE INTERNET BANKING SERVICES REQUIRED *(Please select either INQUIRY OR INQUIRY AND PAYMENT)*** |

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|  | 1. **INQUIRY ONLY (ALL FIELDS ARE MANDATORY)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Inquiry User 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name as per NRIC/Passport |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| NRIC/Passport No. |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | Mobile No. |  |  |  |  |  |  |  |  |  |  |  |  |
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| Preferred User ID |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Email |  | | | | | | | | | | |  |
| ***(Maximum of 10 Characters, no special characters are allowed eg: .,!?;)*** | | | | | | | | | | | | | | | | | | | | | address |  | | | | | | | | | | |  |
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| **Inquiry User 2 (If applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name as per NRIC/Passport |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| NRIC/Passport No. |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | Mobile No. |  |  |  |  |  |  |  |  |  |  |  |  |
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| Preferred User ID |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Email |  | | | | | | | | | | |  |
| ***(Maximum of 10 Characters, no special characters are allowed eg: .,!?;)*** | | | | | | | | | | | | | | | | | | | | | address |  | | | | | | | | | | |  |
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*Note: Please photocopy this page if additional inquiry users are required*

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|  | 1. **INQUIRY AND PAYMENT (ALL FIELDS ARE MANDATORY)** | |
| **Primary Security Administrator (Token Custodian)** | |  |

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| Name as per NRIC/Passport |  |  |

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| NRIC/Passport No |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | Mobile No. |  |  |  |  |  |  |  |  |  |  |  |  |
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| Designation |  | | | | | | | | | | | | | | | | | | | | Specimen |  | | | | | | | | | | |  |
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| Preferred User ID |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Signature |  | | | | | | | | | | |  |
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| **Secondary Security Administrator (Pin Mailer Custodian)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Name as per NRIC/Passport |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| NRIC/Passport No |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | Mobile No. |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email address |  | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |  |
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| Designation |  | | | | | | | | | | | | | | | | | | | | Specimen |  | | | | | | | | | | |  |
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| Preferred User ID |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | Signature |  | | | | | | | | | | |  |
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| **Details of Account (s) to be accessed (please tick ✓ in the checkbox provided below)** | | | | | | | | | | | | | | |
| Account Type | | | | | | Account Number | Account Type | | | | | | Account Number |  |
|  | CA |  | FD/TD |  | FCA |  |  | CA |  | FD/TD |  | FCA |  |  |
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|  | CA |  | FD/TD |  | FCA |  |  | CA |  | FD/TD |  | FCA |  |  |
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|  | CA |  | FD/TD |  | FCA |  |  | CA |  | FD/TD |  | FCA |  |  |
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| **Section D: PAYMENT SERVICES** | | |  | |  | | ***(MANDATORY FOR PAYMENT CUSTOMERS)*** | | | | | | | | |
| **Charging Account** | All charges to be debited from this account   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | |
| **Token Request** | Please indicate quantity of token required \_\_\_\_\_\_\_\_\_\_\_\_\_  (Note: Token will be issued based on number of signatories for the account if not specified (exclude CSA). Additional token will be charged RM 80.00.) | | | | | | | | | | | | | | |
| **Services offered** | **Basic Package1** | **Banker’s Cheque** | | **Internal Fund Transfer** | | **DuitNow** | **GIRO** | **JomPAY** | **RENTAS** | **FPX** | **SWIFT**  **(FCY TT)** | **Payroll-**  **IFT** | **Payroll-GIRO** | **EIPP/ProColl (Direct debit)** | **EIPP/ProColl (FS/FP2)** |
|  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | **Debit Method** | | | | | | | | | | | | | |
| Individual  Debit |  | **N/A** | |  | |  |  |  |  |  |  | **N/A** | **N/A** |  |  |
| Consolidated Debit |  |  | |  | | **N/A** |  | **N/A** |  | **N/A** |  |  |  | **N/A** | **N/A** |
| ¹Basic Package (Internal Fund Transfer, DuitNow, GIRO, JomPAY, RENTAS, FPX, SWIFT-FCY TT) ²FS/FP-Floor Stock/Floor Plan | | | | | | | | | | | | | | | |

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| **Section E: DECLARATION BY CUSTOMER** |
| I/We agree that our application from time to time for products and services provided by AmBank (M) Berhad/AmBank Islamic Berhad herein shall be governed by the General Terms and Conditions for Accounts and Services, the Specific Terms and Conditions for Foreign Currency Account, the Master Services Terms and Conditions and/or Master Services Agreement (as the case maybe) and the terms and conditions intended to apply to one or more types of products and services provided by you which is available at the AmBank Group website (http:www.ambankgroup.com) and I/We agree to adhere to the same. For the avoidance of doubt, references to ‘you’ shall mean AmBank (M) Berhad and/or AmBank Islamic Berhad, as the case maybe.  I/We confirm that all information and documents provided to you by us pursuant to this application are true, correct, complete and untampered. In addition, you shall be entitled to rely on the information and particulars provided by us under this account opening application form for any additional products and services made available by you to us from time to time. In case of any change of particulars, I/We shall immediately notify you in writing of the changes, failing which you are entitled to deem all particulars as provided under this account opening application form as true and accurate.  I/We also confirm that I/We are not subjected to any cessation of business/winding up liquidation at the time of this application.  I/We hereby declare, certify and confirm that the person(s) whose signature(s) appear below (‘Authorized Person’) is/are acting in accordance with the mandate given by us and have authority to effect all transactions/declaration/confirmation/agreements on our behalf in connection with the products and services applied for -and all such transaction are binding and legally enforceable against us.  I/We shall not hold the bank liable for processing the services/accounts that we have applied for as per my/our instruction even though the Authorized Persons named in the board resolution which is obtained at a later date may differ.  I/We hereby confirm, acknowledge and understand as follows:  **1. Subscribe, utilize and terminate the services.**  The Authorized Person are authorized to subscribe for any electronic facilities, transaction banking services, and any other services which may be offered by the bank from time to time subject to the terms and conditions of such services.   1. **Authorization to appoint authorized signatories**   The Authorized Person is authorized to appoint signatories and appoint users for the services subscribed.  The authorized signatories are authorized to operate the accounts in accordance with the signing mandate and/or authority given.   |  |  |  |  | | --- | --- | --- | --- | | Authorized Person: |  | Authorized Person: |  | | Full Name as per NRIC/Passport: | |  | | --- | |  | | Full Name as per NRIC/Passport: | |  | | --- | |  | | |  |  |  |  | | NRIC/Passport No.: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | NRIC/Passport No.: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | Nationality | |  | | --- | |  | | Nationality | |  | | --- | |  | | | Date of Birth | DDMMYYY | Date of Birth | DDMMYYYY | | Contact No. | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | Contact No. | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  | |

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| **FOR BANK’S USE ONLY:** | | | |
| **Impacted System:** | **Date:** | **Verified by:** | **Approved by:** |