AFFIN BANK
AFFIN BANK BERHAD (25046-T)

AFFIN ISLAMIC
AFFIN ISLAMIC BANK BERHAD (709506-V)

affinOnline.com
CORPORATE INTERNET BANKING (CIB) APPLICATION FORM

Branch Use Only

Branch Code :	CIF No. :

DATE FORM SUBMITTED TO BRANCH: ☐☐ ☐☐ ☐☐☐☐

*Please complete this form in CAPITAL LETTERS and submit to AFFIN BANK branch**, where your company's Current Account is maintained**. Kindly ensure all the necessary supporting document(s) are attached together.*

A. COMPANY INFORMATION (MANDATORY)

Company Name : _____

Business Registration Number : _____ **Office Number:** ☐☐☐☐☐☐☐☐☐☐☐

Company Address : _____

_____

_____

B. CIB PACKAGE SELECTION (MANDATORY)

Please tick (√) one:

- *Inquiry Package : Please complete section **A**, **B**, **C, D, E** and **H***
- *Transaction Package : Please complete section **A**, **B**, **C, D, E, F** (if applicable)**, G** and **H***

Package	☐ Inquiry Package	☐ Transaction Package
Services Available	• Account Management - Account overview (Current Account, Fixed Deposit, & Loans) - Transaction History (View & Download) - Statement Download (Up to six months) • Cheque Status Inquiry • Message Centre (Communication platform between Bank & Customer)	
	☐ e-Trade Inquiry Module ***(tick √ to opt for this feature)*** - Limit Inquiry - Product Outstanding	
	N/A	• Cheque Management - Stop Cheque Payment - Cheque Book Request • Corporate Payment - Fund Transfer (In-House Transfer / Interbank GIRO / RENTAS) - Remittances (Foreign Telegraphic Transfer / Banker's Cheque) - Bill Payment / JomPay • Bulk Payment - Autopay (Payroll) - Corporate IBG - Statutory Payment (KWSP / SOCSO / LHDN)
Fees (*excluding GST)	No charges	• Monthly Subscription Fee – RM*20.00 • CIB VASCO Security Token – RM*150.00 per token

C. ACCOUNT TO BE LINKED IN CIB *(E.g.: Current Account, Fixed Deposit, Loan Account & etc)*

ACCOUNT NUMBER(S)	Company Name(s)	Please tick (√) if applicable
1. ☐☐☐☐☐☐☐☐☐☐☐☐	_____	
2. ☐☐☐☐☐☐☐☐☐☐☐☐	_____	☐ Subsidiary
3. ☐☐☐☐☐☐☐☐☐☐☐☐	_____	☐ Subsidiary
4. ☐☐☐☐☐☐☐☐☐☐☐☐	_____	☐ Subsidiary
5. ☐☐☐☐☐☐☐☐☐☐☐☐	_____	☐ Subsidiary

NOTE: 1) The first account number listed will be used as principal debiting account number for Transaction Package; Corporate and Bulk Payment.

2) Please provide Board of Directors Resolution (for Private & Public Ltd Company) from each subsidiary for allowing the linking of subsidiary's account(s) to the principal account.

3) In the event if the principal and all subsidiaries have the same directors, Customer may provide one Board Resolution/Letter of Authority/ Latest Minutes of Meeting/ Letter of Indemnity with listing of all accounts to be linked in CIB and Form 49 for each company.

4) Please make copies of this page / provide appendix to link accounts more than those listed above.

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D. ACCOUNT TO BE DEBITED FOR FEES & CHARGES (MANDATORY)

Debiting Account (MYR) for Monthly Subscription Fees (RM *20.00), Token One-Time charge (RM *150.00 per Token) and all related charges. * Excluding GST

E. CORPORATE SYSTEM ADMINISTRATION USERS DETAILS (MANDATORY)

We agree to appoint the persons named below to receive the Virtual Cards and PIN Mailers as the System Administrator and/or System Authorizer to activate the Corporate Internet Banking (CIB) services on behalf of the Company/Association/Club/Society/Partnership/Government Agencies to create the user profile and accessibility.

System Administrator / Primary Contact Person

Role: To create/ add/ edit/ delete User Group and User Profile.
E.g.: Create Corporate User i.e. Observer/ Maker/ Checker/ Authorizer

Name as per NRIC / Passport : _____ **NRIC / Passport Number** :

Designation : _____ **Email** : _____

Contact No. : **(Office)**
: **(Mobile)** **Signature** : _____

Virtual Card Number : **(For Branch Use Only)**

System Authorizer / Secondary Contact Person

Role: To approve / reject the creation and updates performed by System Administrator

Name as per NRIC / Passport : _____ **NRIC / Passport Number** :

Designation : _____ **Email** : _____

Contact No. : **(Office)**
: **(Mobile)** **Signature** : _____

Virtual Card Number : **(For Branch Use Only)**

****NOTE:*** ***1) System Administrator and System Authorizer cannot be the same person EXCEPT for Sole Proprietor in which two different ID types (i.e New NRIC/Old NRIC/Passport No) are required.***
2) Please make copies of this page for additional Corporate System Administration user(s). Maximum users per role are three (3) only.
3) Please provide a copy of NRIC / Passport No. for each person appointed above for Branch's record.

F. STATUTORY PAYMENT DETAILS (TRANSACTION PACKAGE ONLY)

EPF Ref. Number 1) Debiting Account Number
2)
3)

SOCSO Ref. Number 1) Debiting Account Number
2)
3)

LHDN Ref. Number **(MTD)** Debiting Account Number

****NOTE:*** ***1) Multiple reference numbers for EPF and SOCSO only caters for company that has more than one reference number.***
2) LHDN payment via CIB is only for Monthly Tax Deduction (MTD) Payment.

G. TRANSACTION LIMIT & SECURITY TOKEN (TRANSACTION PACKAGE ONLY)

Transaction Limit per Day (RM) :

Number of *Security Token(s) requested : ****Cost of each token (RM 150.00 exclusive GST) is One-Time charge and non-refundable***

NOTE: Security Token will be used by Corporate User Authoriser for approval or rejection of all monetary transaction(s).

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H. DECLARATION (MANDATORY)

a) We hereby agree to subscribe to AffinOnline.com Corporate Internet Banking (CIB) (Inquiry OR Transaction Package) Service provided by Affin Bank Berhad / Affin Islamic Bank Berhad;

b) We hereby confirm the details of the person(s) authorized to hold access and hereby give consent to each authorized person the right to perform administrative setups of affinOnline.com Service for and on behalf of the Company;

c) We hereby agree that the Virtual Card and Internet Banking Pin Mailer generate by the Bank shall not be revealed, disclosed or compromised in any manner whatsoever and that the Bank shall duly be indemnified against any losses, cost, damages or expenses incurred.

d) We confirm that, in the event of any termination, cessation, retirement, dismissal, resignation, contract expiry, or death of above authorized personnel will be informed to Affin Bank Berhad / Affin Islamic Bank Berhad officially;

e) We hereby irrevocably undertake to accept full responsibility for any errors or omissions resulting from the service and to hold you harmless and indemnified against all actions, proceedings claims and demands whatsoever which may hereafter be brought against you arising out of or in connection with the acceptance and application and from all costs and expenses of whatever kind in connection therewith excepting however all matters arising out of or in connection with willful misconduct and or gross negligence on your part including your servants, employees and agents;

f) We hereby authorise the bank to debit the designated active account as specify in this form for registration fee, subscription fee, administrative charges, taxes, premiums, costs and expenses chargeable by the bank to us as per the provisions herein

g) We confirm that all the information provided herein are true and accurate to the best of my/our knowledge as at the date of this application;

h) We hereby confirm that we have read, understood and agreed to the terms and conditions of the Corporate Internet Banking made available on affinonline.com and agree irrevocable and unconditionally to be bound by such terms and conditions.

Authorized Representative(s) signature as per Current Account or CIB Board Resolution (or as such other equivalent document acceptable to the Bank) for operation of current accounts for banking transactions:

No	Name	NRIC / Passport	Designation	Signature

Condition of Authorization: -

Any One to Authorize ☐ Any Two to Authorize ☐ All to Authorize ☐ Others : _____

NOTE: Please provide a copy of NRIC / Passport No. for each person above for Branch record.

OFFICIAL COMPANY STAMP

I. FOR AFFIN BANK BRANCH USE ONLY

Customer Category (Please circle one) : **Resident / Non-resident**

Customer Counterparty Code (CCC) : _____

*** Autopay Employer Code** : _____

Campaign Name / Code ***(if any)*** : _____

*** EFT Account Number** : _____

Note: Please perform Sweep Maintenance in HOST

**** Mandatory for Transaction Package***

Business Unit: (Please tick if applicable)

☐ CORPORATE ☐ CORPORATE 3 ☐ FINANCIAL INSTITUTION
☐ CORPORATE 1 ☐ PUBLIC SECTOR ☐ OTHERS: _____
☐ CORPORATE 2 ☐ SME

We hereby confirm that all signature(s) and other particulars in this form have been verified by us against the relevant document(s).

Referred By (if any):	**Attended By:**	**Approved By: Branch Manager / Relief**
_____	_____	_____
(Signature / Name Stamp & Date)	(Signature / Name Stamp & Date)	(Signature / Name Stamp & Date)
PS No:	**PS No:**	**PS No:**

DATE FORM SUBMITTED TO HEAD OFFICE: ☐☐ ☐☐ ☐☐☐☐

Note : Kindly email the complete CIB Application Form to cib.operations@affinbank.com.my.

J. FOR CASH MANAGEMENT USE ONLY

Receipt of CIB Application Form

Form Received On : _____

Corporate Registration ☐ **(tick √) Date :** _____

Token Serial No : (i) _____ **(ii)** _____
(iii) _____ **(iv)** _____

Token Activation

Letter Offer & Branch Memo Received On: _____

Token Binding ☐ **(tick √) Date :** _____

Attended By :	**Authorized By :**	**Attended By :**	**Authorized By :**
(Signature/Name Stamp & Date)	(Signature/Name Stamp & Date)	(Signature/Name Stamp & Date)	(Signature/Name Stamp &Date)
PS No :	**PS No :**	**PS No :**	**PS No :**