

affinOnline.com
CORPORATE INTERNET BANKING (CIB) MAINTENANCE FORM

This form is only meant for EXISTING affinOnline.com (Corporate Internet Banking) subscriber.

Please complete this form in CAPITAL LETTERS and submit to our branch, where you have maintained your company's Current Account.

DATE OF APPLICATION:

Select the Maintenance service(s) required (You may select more than one item):

MAINTENANCE SERVICES	PART(S) TO BE COMPLETED
<input type="checkbox"/> Reset Password for Corporate System Administrator / System Authoriser	A, B and J
<input type="checkbox"/> Upgrade Inquiry Package to Transaction Package	A, C, D (if applicable), E, F, G, H (if applicable) and J
<input type="checkbox"/> Downgrade Transaction Package to Inquiry Package	A, C and J
<input type="checkbox"/> Add / Delete Corporate System Administrator / System Authoriser	A, D and J
<input type="checkbox"/> Increase / Decrease Corporate Daily Limit	A, E and J
<input type="checkbox"/> Replacement / Add / Delete Security Token	A, F and J
<input type="checkbox"/> Update Employer's Reference Number for EPF / SOCSO / LHDN	A, G and J
<input type="checkbox"/> Add / Delete Authorised Company Account(s)	A, H and J
<input type="checkbox"/> Amendment of Contact Person	A, I and J

A. COMPANY INFORMATION (mandatory)

Company Name : _____ Business Registration Number : _____
 Contact Person : _____ Telephone / Mobile Number : _____

B. RESET PASSWORD FOR CORPORATE SYSTEM ADMINISTRATOR / SYSTEM AUTHORISER (if applicable)

Please tick (√) where applicable:

1. System Administrator System Authoriser

User ID : _____ Telephone / Mobile Number : _____ Update
 Name : _____ NRIC / Passport Number : _____
 Signature : _____

2. System Administrator System Authoriser

User ID : _____ Telephone / Mobile Number : _____ Update
 Name : _____ NRIC / Passport Number : _____
 Signature : _____

***NOTE** : Please make copies of this page / provide appendix if Corporate System Administrator / System Authoriser user(s) are more than two persons.

C. UPGRADE / DOWNGRADE CIB PACKAGE (if applicable)

Please tick (√) where applicable:

Upgrade to Transaction Downgrade to Inquiry (Cost of each token (RM150.00) is non-refundable)

Subscription Fee Debiting Account (designated active account) :

Bulk Payment Debiting Account for Corporate IBG and Autopay :

***NOTE** : Please provide Addendum Company Board Resolution / Letter of Authority / latest Minutes of Meeting / Letter of Indemnity for upgrade or downgrade of CIB package.

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H. ADD / DELETE AUTHORISED COMPANY ACCOUNT(S) (if applicable)

(Example: Current Account, Group Fixed Deposit, Loan Account & etc)

ACCOUNT NUMBER(S)	ACCOUNT NAME(S)	Please tick (√) where applicable:
1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Add / Delete) _____		<input type="checkbox"/> Principal <input type="checkbox"/> Subsidiary
2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Add / Delete) _____		<input type="checkbox"/> Principal <input type="checkbox"/> Subsidiary
3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Add / Delete) _____		<input type="checkbox"/> Principal <input type="checkbox"/> Subsidiary
4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Add / Delete) _____		<input type="checkbox"/> Principal <input type="checkbox"/> Subsidiary

***NOTE** : Please provide Authorisation Letter (duly signed by CIB Authorised Signatory) to add / delete Principal Account and Subsidiary Account.
Please make copies of this page / provide appendix for accounts more than the listed above.

I. AMENDMENT OF CONTACT PERSON (if applicable)

No	Name (Mr / Mrs / Ms) & Designation	Tel / Mobile Number	E-mail	Please tick (√) where applicable
				Add <input type="checkbox"/> Remove <input type="checkbox"/>
				Add <input type="checkbox"/> Remove <input type="checkbox"/>

J. SIGNED FOR AND ON BEHALF OF THE COMPANY (mandatory)

The Authorised Signatory shall be the person(s) currently authorised to operate the affinOnline.com (Corporate Internet Banking) as per CIB Board of Director Resolution / Letter of Authority / latest Minutes of Meeting / Letter of Indemnity and Application Form.

Authorised Signatory on behalf of the company
Name:
NRIC / Passport:
Designation:
Date:

Authorised Signatory on behalf of the company
Name:
NRIC / Passport:
Designation:
Date:

Authorised Signatory on behalf of the company
Name:
NRIC / Passport:
Designation:
Date:

Authorised Signatory on behalf of the company
Name:
NRIC / Passport:
Designation:
Date:

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K. FOR BUSINESS UNIT USE ONLY

Introduced By :

Head of Department :

(Signature / Name Stamp & Date)

PS No:

(Signature / Name Stamp & Date)

PS No:

Note : Kindly submit the duly completed CIB application form and documents to branch, where customer's maintain their company Current Account.

L. FOR BRANCH USE ONLY

All fields are mandatory.

Branch Code : _____ Bulk Payment Debiting Account Number : _____

Company CIF Number : _____ EFT Account Number : _____

Corporate Code : _____ Sweep Maintenance : (tick \checkmark)

Charges : Subscription Fee: RM 20 per month

Security Token : RM 150 X _____ unit (s) = RM _____

Interbank : RM _____ Rentas : RM _____

Applicable for Waiver
Please provide justification
(i.e. : attach email/memo)

Campaign Code (if any) : _____

Campaign Name (if any) : _____

Remark(s) : _____

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

Attended By :

Approved By :
Branch Manager Services

(Signature / Name Stamp & Date)

PS No:

(Signature / Name Stamp & Date)

PS No:

Date of Submission to Head Office :

Note : Kindly FAX the complete CIB Application Form to Cash Management Department.

Fax No: 03 2026 4802/03 2026 7569

M. FOR HEAD OFFICE USE ONLY

Upon Receipt of CIB Application Form

Maintenance Received On : _____

Corporate Registration (tick \checkmark) Date : _____

Token Serial No : (i) _____ (ii) _____

(iii) _____ (iv) _____

Attended By :

Authorised By :

(Signature/Name Stamp & Date)

PS No :

(Signature/Name Stamp & Date)

PS No :

Upon Token Activation

Letter Offer & Branch Memo Received On : _____

Token Binding (tick \checkmark) Date : _____

Attended By :

Authorised By :

(Signature/Name Stamp & Date)

PS No :

(Signature/Name Stamp & Date)

PS No :