

affinOnline.com
CORPORATE INTERNET BANKING APPLICATION FORM

DATE OF APPLICATION:

SERVICE REQUIRED: INQUIRY (Fill in A, B, C & Declaration)
 TRANSACTION (Fill all listed columns)

Please complete this form in CAPITAL LETTERS and submit to our **branch, where you maintain your company's Current Account**. Please ensure you have attached together all the necessary supporting document(s) listed in the application checklist below:

A. COMPANY INFORMATION (MANDATORY)

Company Name : _____
Business Registration Number : _____
Company Telephone Number : _____ Fax Number : _____
Company Address : _____
Email Address : _____ Contact Person : _____

B. CORPORATE SYSTEM ADMINISTRATION DETAILS (MANDATORY)

I/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. Such persons shall be fully responsible for the use of CIB Services.

System Administrator

(Mandatory. System Administrator is the individual appointed by the company to create and update company staff IDs for system access.)

Name : _____ NRIC / Passport Number : _____
Designation : _____ E-mail : _____
Contact No : (Office) _____ Signature : _____
(Mobile) _____
Virtual Card Number : (For Branch Use Only)

System Authoriser

(Mandatory. System Authoriser is the individual appointed by the company to authorise the creation and updates made by System Administrator)

Name : _____ NRIC / Passport Number : _____
Designation : _____ E-mail : _____
Contact No : (Office) _____ Signature : _____
(Mobile) _____
Virtual Card Number : (For Branch Use Only)

*NOTE : System Administrator and System Authoriser cannot be the same person
Please provide a copy of NRIC / Passport No. for each person appointed above
Please make copies of this page for additional Corporate System Administration user(s). Maximum number of users are three.

C. AUTHORISED COMPANY ACCOUNT(S) (FOR BRANCH USE ONLY)

(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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="checkbox"/> Principal	<input type="checkbox"/> Subsidiary

*NOTE : Please provide Board of Directors Resolution from each subsidiary (if any) for allowing the linking of subsidiary's account(s) to the principle account.
Please make copies of this page / provide appendix for accounts more than the listed above.

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D. FOR TRANSACTION PACKAGE ONLY

EPF Ref Number

Debiting Account

SOCSSO Ref Number

Debiting Account

LHDN Ref Number

Debiting Account

Transaction Limit Per Day (RM) :

Subscription Fee Debiting Account (designated active account) :

Number of *Security Token(s) : * Cost of each token (RM 150.00) is non-refundable

Supporting Documents: -

- Company Board of Directors Resolution (Private & Public Ltd)
- Company Board of Directors Resolution of Subsidiary (To link Subsidiary Company)
- Letter of Authority (For Partnership / Association / Club / Professional Body / Government)
- Latest minutes of meeting (For Association / Club / Society)
- Letter of Indemnity (For Sole Proprietor)

E. DECLARATION (MANDATORY)

Authorised Person(s) signature as per Board Resolution (or as such other document acceptable to the Bank) for operation of current accounts for banking transactions.

No	Name	NRIC / Passport	Designation	Signature

Condition of Authorisation :-

Any One to Authorise Any Two to Authorise All to Authorise Others : _____

OFFICIAL COMPANY
STAMP

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

- 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 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;
- 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 Berhadofficially;
- 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 wilful 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 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.

Name:
Designation :
Signature:

Name:
Designation:
Signature:

Date :

Date:

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F. FOR AFFIN BANK 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 ✓)
 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) : _____ Business Unit: SME 1 SME 2 CCB 1 CCB 2
 Campaign Name (if any) : _____ LC
 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 / Relief

(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

G. FOR AFFIN BANK HEAD OFFICE USE ONLY

Upon Receipt of CIB Application Form

Maintenance Received On : _____
 Corporate Registration (tick ✓) Date : _____
 Token Serial No : (i) _____ (ii) _____
 (iii) _____ (iv) _____

Attended By : _____ Authorised By : _____
 (Signature/Name Stamp & Date) (Signature/Name Stamp & Date)

PS No :

PS No :

Upon Token Activation

Letter Offer & Branch Memo Received On : _____
 Token Binding (tick ✓) Date : _____

Attended By : _____ Authorised By : _____
 (Signature/Name Stamp & Date) (Signature/Name Stamp & Date)

PS No :

PS No :