

COLLECTION VIRTUAL ACCOUNT (VA) SERVICES FORM

Please complete all relevant sections and mark (✓) in the appropriate boxes.

Section A - CUSTOMER INFORMATION			
Company Name*			
Company Registration No.*			
Registered Address			
Address 1			
Address 2			
Postcode		State	
Contact Person (Primary) *		Contact Person (Secondary)	
Telephone No.*		Telephone No.	
Email Address*		Email Address	

*Mandatory fields.

Section B - VA SERVICES DETAILS – FOR NEW VA REQUEST <i>(Please use separate form for each currency)</i>				
Virtual Account Layer* <i>For Foreign Currency (FCY) VA, only Single Layer is applicable</i>	<input type="checkbox"/> Single Layer	Sweeping Mode: ONLINE SWEEP		
		Number of VA Requested*		
	<input type="checkbox"/> Dual Layer	Sweeping Mode: ONLINE SWEEP + End Of Day (EOD) BATCH		
		Number of VA Requested	<i>Please provide details as per Section D</i>	
Transaction Listing File*	Daily Frequency via Email	<input type="checkbox"/> 6 times per day (T Day)	<input type="checkbox"/> 1 time per day (T+1 Day)	
Registered Email Addresses*	1)	2)	3)	
	<i>Note: For any changes/amendment to the three (3) registered email addresses above, kindly request by furnishing us with a formal letter and signed by Authorised Signatory(ies).</i>			
Main Operating Account (OA) No.*		Main OA Currency* <i>(e.g.: MYR, USD, SGD)</i>		
MYR Fee Account No. <i>(Applicable for FCY VA only)</i>		<i>For debiting of fees and charges (For FCY VA)</i>		
Fee and Charges <i>For FCY VA, only Monthly Fee is applicable</i>	1. VA Creation Fee	RM	per VA <i>This fee is a one-time off per creation</i>	
	2. Sweeping Fee	RM	per sweep on daily basis (EOD)	
	3. Maintenance Fee	<input type="checkbox"/> Monthly	RM	per month (Applicable for both MYR & FCY VA)
		<input type="checkbox"/> Half-Yearly	RM	per VA X No. of VA
	<input type="checkbox"/> Yearly	RM	per VA X No. of VA	
Section C - VA SERVICES DETAILS – FOR ADDITIONAL VA REQUEST		<i>For additional VA which is tagged to a NEW Operating Account No., please fill in Section B above</i>		
Virtual Account Layer	FOLLOW AS PER EXISTING MAIN OPERATING ACCOUNT LAYER/STRUCTURE			
Transaction Listing File				
No. of Additional VA Requested		<i>For Dual Layer, please provide details as per Section D</i>		
Main Operating Account No. / Tier 1 VA Account No. (For Dual Layer)*		Main Operating Account's Currency Code*		
MYR Fee Account No.		<i>For debiting of fees and charges (For FCY VA only) if Main OA is FCY.</i>		



#Fee and Charges (If there is any change from the original set up, this fee will override the existing fee)	1. VA Creation Fee	RM	per VA	<i>This fee is a one-time off per creation</i>
	2. Sweeping Fee	RM	per sweep on daily basis (EOD)	
	3. Maintenance Fee	<input type="checkbox"/> Monthly	RM	per month (Applicable for both MYR & FCY VA)
<input type="checkbox"/> Half-Yearly		RM	per VA	X No. of VA
<input type="checkbox"/> Yearly		RM	per VA	X No. of VA

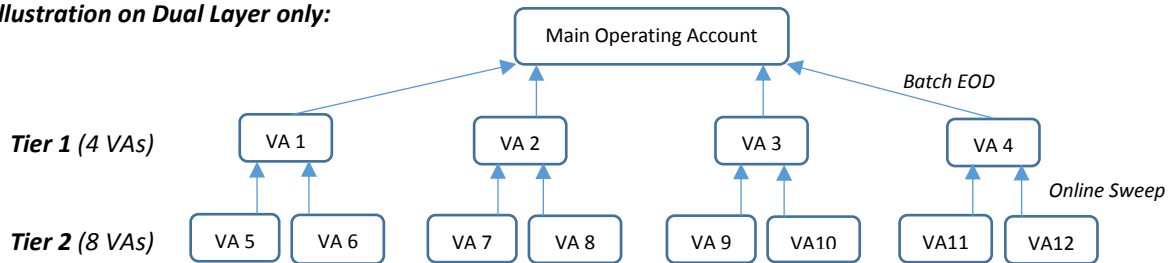
*Mandatory fields

For FCY VA, only monthly maintenance fee and charges is applicable.

Section D - DUAL LAYER DETAILS										
MAIN OPERATING ACCOUNT										
<i>As a central account receiving the total fund collected from all VAs</i>										
TIER 1 <i>The fund will be swept to Main Operating Account via Batch EOD</i>	TOTAL VA TIER 1	<i>Please circle the Tier 1 VA below, that indicates your VA required (up to 10 VA)*</i>								
		VA1	VA2	VA3	VA4	VA5	VA6	VA7	VA8	VA9
TIER 2 <i>The fund will be swept to VA in TIER 1 via Online Sweep (real-time transfer)</i>	TOTAL VA TIER 2									
		<i>Enter the number of VA required to be under each VA in Tier 1</i>								
TOTAL NUMBER OF VA (Tier 1 + Tier 2)										

*If there are more than ten (10) VA, please provide them in a separate sheet. For preferred VA Name, please provide the list separately to AmBank/AmBank Islamic. AmBank/AmBank Islamic will provide the VA number once it is created together with the preferred VA Name.

For illustration on Dual Layer only:



Section E - DECLARATION BY CUSTOMER	
<p>By signing below, I/we hereby confirm that I/we am/are authorised to act for and on behalf of the Company/Association/Club/Society to apply for the above service(s). I/We confirm that the information given herein is accurate, true, complete and not misleading, and will immediately inform AmBank/AmBank Islamic of any changes to the same. I/We acknowledge that I/we remain bound by all transactions affected through the services, whether or not the named users of the services are the account signatories, and shall not hold AmBank/AmBank Islamic liable for acting based on information provided herein. I/We hereby confirm that the provision of the services to the Company/Association/Club/Society shall be governed by the Master Services Terms and Conditions and/or Master Services Agreement (as the case may be) between the Company/Association/Club/Society and AmBank/AmBank Islamic, any applicable service schedule or user guide, and the General Terms and Conditions of Accounts and Services in force from time to time.</p>	

Signed By:

.....
 Full Name:
 Designation:
 NRIC/Passport No.:
 Date:

.....
 Full Name:
 Designation:
 NRIC/Passport No.:
 Date:

FOR INTERNAL USE ONLY	
Cash Sales Representative*	
RM Code and Name*	

*Mandatory fields.

