

## Guide on How to Fill-in:

## AmTrade INQUIRY APPLICATION FORM

For any new or existing to bank customers who wish to sign-up for AmTrade Inquiry facility

## AmTrade INQUIRY APPLICATION FORM

Complete all sections (except section G) and submit this application form to Client Support Group, AmBank (M) Bhd, Transaction Banking, Level 21, Menara Dion, Jalan Sultan Ismail, 50250 Kuala Lumpur. If you require assistance, please contact our Client Support Group at +603-23818800 or email us at e-ambizcare@ambankgroup.com. Please indicate N/A or strike out all unused section(s) in this form.

SECTION A - TYPE OF APPLICATION * (please tick Ø in the checkbox provided below)									
AmTrade  Fill in your company's									
SECTION B - COMPANY INFORMATION details									
Registered Name *			Business R	egistration No. *					
ABC SDN BHD						123456-X			
Business / Mailing Address *							Telephone No. *		
LEVEL 2, MENARA XYZ, JALAN SULTAN ISMAIL, 50250 KUALA LUMPUR							03-2026XXX		
							Facsimile No.		
Fill in contact person							03-2026XXX		
Fill in contact person details								'	
Full Name (as in NRIC/Passport) * Business Telephone No. * Fac:									
CHEONG YI				02.2020101			03-2026XXX		
Designation				Mobile Phone No. * E			E-mail Address		
ACCOLINT MANAGER				012-388XXXX		СНІ	CHEO@GMAIL.COM		
Fill in details of Inquiry  OF INQUIRY USER(S) (for nomination of additional inquiry users, please complete the addendum)									
Users. Mobile Phone No Specimen Signature Preferred User ID *									
				and E-mail Address ^			CUEO.		
CHEONG YI XXXXXX-XX-XX			XXXX 012-388XXXX CHEO@GMAIL.COM			CHE	FONG 91 CHEO (max of 10 characters)		
AHMAD DIN		XXXXXX-XX	-XXXX	012-388XXX		AHN	IAD DIN	, DIN	
	Indicate Conventional / Islamic				N@GMAIL.COM			(max of 10 characters)	
Trade Facility  SECTION E -DETAILS  Trade Facility  SESSED VIA AmTrade *(please tick ☑ in the checkbox provided below)									
Conventional Trade Facility   Islamic Trade Facility									
SECTION F - DECLARATION BY CUSTOMER									
By signing below, I/We hereby confirm that I/we are authorized to act for and on behalf of the Company/Association/Club/Society to apply for the AmTrade Service. I/We hereby wish to apply for the AmTrade Service and hereby acknowledge that use of AmTrade Service is subject to AmBank's AmTrade Service Terms and Conditions made available at http://www.ambankgroup.com (Business>Trade Services>AmTrade) (including any subsequent revisions, variations and/or amendments as may be made from time to time by AmBank). I/We confirm that I/we remain bound by all transactions effected through AmTrade Service whether or not the named users of AmTrade Service are the account signatories, and shall not hold amtion provided herein.  Fill-in FIRST authorized person details  Fill-in SECOND authorized  Fill-in THIRD authorized									
CHEONG 91  AHMAD DIN									
1) Full Name (as in NRIC/Passport) * 2) Full Name (as in NRIC/Passport) * 3) Full Name							(as in NRIC/F	Passport) *	
CHEONG YI AHMAD D				N					
NRIC/Passport No. * NRIC/Passport							port No. *		
XXXXXX-XXXX XXXXXXX									
Designation Date  ACCOUNT MANAGER			esignation MANAGER		Date	Designation		Date	
ACCOUNT MANAGER IMMINAGER									
SECTION G- FOR BANK USE ONLY	Date Received	Date Input	Sales Represer	ntative	LOB/RM Code	CIF No		Customer Code	