User Guide External User ID Access Request Form

USER GUIDE FOR EXTERNAL CUSTOMERS



EXTERNAL USER ID ACCESS REQUEST FORM (Form B)

Log No:

Note: 1. All fields are compulsory	2. Please write legibly & 🗵 where	applicable 3. Date format: dd/mm/yyyy			
Section 1 (to be complete	ed by Requestor-External User)				
Name:	Lee Chong Wei	Mandatory for customers to fill in the details			
Employee No:	10030XXX				
Identity Card No.:	990909-09-XXXX				
Designation/Department:	Web Developer				
Bank / Organization Name:	DUMMY AND CO				
Bank / Organization					
Address:	NO 88 JALAN KOTA PERMAI, TAMA	N KOTA PERMAI			
omers select "Temporary",					
ed to fill in (From & to) Dates. If	O'S PUBLICATION AND A LAND	D 1 1 14000			
nent Only from Date required.	City: BUKIT MERTAJAM	Postcode: 14000			
2 1 1 1	State: PULAU PINANG	Country: MALAYSIA			
Contact No. :	019 999 XXXX	Email Address: leechongwei@xxxx.com			
Status:	Permanent Temporary, Fro	om (Date): To:			
System/Application:					
a. IBG / Direct Debit	Please complete the relevant section				
Payswitch Application	i.e FPX, JomPAY	* IP Address:			
□ IBG	□ IBG	(Registered with TM and to be registered at PayNet			
☐ Direct Debit	☐ Direct Debit	Firewall)			
b. <u>DDA DMS</u>	Please select FPX Webview (Merch	ant) and ONLY			
☐ Bank Approver	one Admin type. If you wish to app				
☐ Bank Enquiry	please submit separate form.	y for som, and to be registered at Fayivet			
c. <u>FPX</u>					
☐ FI Report Server (Bank Or	nly)				
	☐ Maker (Admin)	Maker (Admin)			
☐ FPX –TPA Webview	Authorizer (Admin)	Authorizer(Admin)			
		*Funkasina ID - FV			
* IP Address:		*Exchange ID : EX			
(Registered with TM and to be re	gistered at PayNet Firewall)	*Seller ID : <u>SE</u>			
d. <u>JomPAY</u>	,	1			
BANK Administrator	BILLER	Mandatory for customers update			
Administrator Checker	Administrator Checker	this information.			
☐ Maker	⊠ Maker	* IP Address:			
		(Registered with TM and to be registered at PayNet			
ect ONLY one Admin u wish to apply for both,	☐ SMTP Server	Firewall)			
omit separate form.					
<u> </u>	<u>_</u>	IP Address:			
☐ eService	☐ EWIDT	(Registered with TM and to be registered at PayNet			
		Firewall)			
f. SAN / MyDebit Reports		IP Address:			
☐ SFTP		(Registered with TM and to be registered at PayNet			
		Firewall)			
g. <u>RPP</u>		IP Address:			
☐ ICS-XS	☐ UPF	(Registered with TM and to be registered at PayNet Firewall)			
h. DLS / ECMS		,			
☐ Domestic SAN	☐ Domestic SAN	☐ Domestic SAN			
Ssuer	☐ Acquirer	☐ Beneficiary			
Maker	Maker	☐ Maker			
Authorizer	☐ Authorizer	Authorizer			
HOD Cross border (CRROS)	☐ HOD	☐ HOD			
☐ Cross-border (CBPOS) ☐ Issuer	☐ Cross-border ☐ <i>Acquirer</i>	☐ Cross-border ☐ Switch Partner ☐ Beneficiary			



EXTERNAL USER ID ACCESS REQUEST FORM (Form B)

Log No:

☐ Maker			Mokor	□ Makar	
☐ Authorize	≙r	-	☐ Maker ☐ Authorizer	☐ Maker ☐ Authorizer	
HOD	01		HOD	HOD	
MyDebit		□ Му		_	
☐ Issuer			Acquirer		
☐ Maker☐ Authorize	≏r	F	☐ Maker ☐ Authorizer		
HOD			HOD HOD		
i. <u>RENTAS</u>		☐ REI	NTAS ILINK	☐ RENTAS Mini	
j. Others					
Please specify: _				* IP Address:	
☐ Public IP*	☐ MPLS IF	o			d to be registered at PayNet
				Firewall)	
Environment:]SIT 🛛 L	JAT 🗌 CRT		n Disaster Recovery
Request to:	Ple	ease mark (x) UAT	and Production only		
☐ Create ID	□ Dele	ete/Revoke ID*	☐ Suspend/Dis	sable ID*	ble/Unlock ID*
☐ Reset Passwo	_				
☐ Keset Fasswo	ild 🗀 ivioc	ally 1D			
*please specify U	ser ID:		*modify ID,	specify the new profile:	
Reason for requ	est:				
-					
Signature:				Date:	
- 3					
Approval (by B	ank's Author		1103)	be filled and signed by Amba	nk's authorized personnel.
Approval (by B	ank's Author	rized Signato	□ No	t Approved (Please indicate	
Request:	ank's Author		□ No		
Request: Name:			□ No	t Approved (Please indicate	
Request: Name: Designation/Depa			□ No Re	nt Approved (Please indicate marks:	
Request: Name:			□ No Re	t Approved (Please indicate	
Request: Name: Designation/Depa Contact No.:			□ No Re	nt Approved (Please indicate marks:	
Request: Name: Designation/Depa			□ No Re Email	nt Approved (Please indicate marks:	
Request: Name: Designation/Depa Contact No.:	artment:	☐ Approved	□ No Re Email	nt Approved (Please indicate marks:	
Request: Name: Designation/Depa Contact No.: Signature: Section 2 (to be	artment: e completed	☐ Approved	Email	ot Approved (Please indicate emarks: Address:	in remarks column below)
Request: Name: Designation/Depa Contact No.: Signature: Section 2 (to be Part A – For Bus	artment: e completed iness / System	by PayNet)	Email Date:	t Approved (Please indicates marks: Address: B - Head of IT Security	in remarks column below) Approval (If Applicable)
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