

TRANSACTION BANKING SERVICES SETUP FORM

Complete all sections and submit this form together with other supporting documents (where applicable) to the nearest branch. If you require assistance, please contact our Contact Centre at +603-21783188 or email us at AmAccesscare@ambankgroup.com. Please indicate N/A or strike out all unused section(s) in this form. Alteration is strictly not allowed. *Mandatory information

Section A: BUSINESS DETAILS (All fields are MANDATORY)

Registered	
Correspondence Address	
Business Registration No.	
Business Email Address	

Section B: CONTACT PERSON DETAILS (All fields are MANDATORY)

Full Name (as per NRIC/Passport)			
NRIC/Passport Number	<input type="text"/>	Mobile No.	<input type="text"/>
Email Address	<input type="text"/>	Office No.	<input type="text"/>

Section C: CORPORATE INTERNET BANKING SERVICES REQUIRED (Please tick in the checkbox provided below)

Account Type			Account Number	Service Required					
CA	FD	FCA		AACI	AAC	EIP	AAT	CR	MT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

● CA (Current Account) ● FD (Fixed Deposit) ● FCA (Foreign Currency Account) ● AACI (Inquiry) ● AACP (Payment) EIP (EIPP) ● AAT (AmTrade) ● CR (Collection Report) ● MT (MT940/942)

A. INQUIRY ONLY (ALL FIELDS ARE MANDATORY): APPLICABLE FOR AACI, EIP & AAT

Inquiry User 1

Name as per NRIC/Passport			
NRIC/Passport No.	<input type="text"/>	Mobile No.	<input type="text"/>
Preferred User ID	<input type="text"/>	Email address	<input type="text"/>

(Maximum of 10 characters, no special characters are allowed eg: .,!?)

Inquiry User 2 (If applicable)

Name as per NRIC/Passport			
NRIC/Passport No.	<input type="text"/>	Mobile No.	<input type="text"/>
Preferred User ID	<input type="text"/>	Email address	<input type="text"/>

(Maximum of 10 characters, no special characters are allowed eg: .,!?)

Note: Please photocopy this page if additional inquiry users are required

B. INQUIRY AND PAYMENT (ALL FIELDS ARE MANDATORY): APPLICABLE FOR AACP & AAT

Primary Security Administrator

Name as per NRIC/Passport			
NRIC/Passport No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email address	<input type="text"/>	Specimen Signature	<input type="text"/>
Designation	<input type="text"/>		
Preferred User ID	<input type="text"/>		

(Maximum 10 characters, no special characters allowed eg: .,!?)

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I/We hereby confirm, acknowledge and understand as follows:

1. **Subscribe, utilise and terminate the services**

The Authorised Person is authorised to subscribe for any electronic facilities, transaction banking services and any other services which may be offered by the bank from time to time subject to the terms and conditions of such services.

2. **Authorisation to appoint authorised signatories**

The Authorised Person is authorised to appoint signatories and appoint users for the services subscribed.

The authorised signatories are authorised to operate the accounts in accordance with the signing mandate and/or authority given.

Authorised Person 1:

Authorised Person 2:

Full Name as per NRIC/Passport:

Full Name as per NRIC/Passport:

NRIC/Passport No.:

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NRIC/Passport No.:

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Nationality:

Nationality:

Date of Birth:

DDMMYYYY

Date of Birth:

DDMMYYYY

Contact No.:

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Contact No.:

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FOR BANK'S USE ONLY:

Impacted System:	Date :	Verified :	Approved by :
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