***Note: 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 e-ambizcare@ambankgroup.com.***

**User Maintenance Form :**

**I) Change of Customer Security Administrator**
**II) Change of User**
**III) Remove User**

## Company Information

| | |
|---|---|
| Company Name | : |
| Business Registration No. | : |

Kindly be informed that we would like to request the following:

☐ **Change of Customer Security Administrator (CSA)** – *Kindly return the existing token(s) to us*

| Existing PRIMARY CSA Name: | Existing SECONDARY CSA Name: |
|---|---|
| NEW PRIMARY CSA<br><br>User Full Name (as per NRIC):<br><br>Preferred User ID:<br>☐☐☐☐☐☐☐☐☐☐<br><br>NRIC/Passport Number:<br>Mobile Number:<br>Email address:<br><br>Specimen Signature: | NEW SECONDARY CSA<br><br>User Full Name (as per NRIC):<br><br>Preferred User ID:<br>☐☐☐☐☐☐☐☐☐☐<br><br>NRIC/Passport Number:<br>Mobile Number:<br>Email address:<br><br>Specimen Signature: |

☐ **Add Inquiry User**

| | |
|---|---|
| User Full Name (as per NRIC):<br><br>Preferred User ID:<br>☐☐☐☐☐☐☐☐☐☐<br><br>NRIC/Passport Number:<br>Mobile Number:<br>Email address:<br><br>Specimen Signature:<br>(Only For AmTrade) | User Full Name (as per NRIC):<br><br>Preferred User ID:<br>☐☐☐☐☐☐☐☐☐☐<br><br>NRIC/Passport Number:<br>Mobile Number:<br>Email address:<br><br>Specimen Signature:<br>(Only For AmTrade) |

☐ **Remove Inquiry User**

| | |
|---|---|
| User Full Name: | User Full Name: |

***Please complete a new request form should there be more than TWO Users.***

* Any amendments made on this application form must be signed by the Authorized Signatories

**REMINDER: The customer is hereby reminded to read and understand the terms and conditions of this application before signing in below.**

Signed By:

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

Signed By:

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