

## CASH MANAGEMENT SWEEPING & PLACEMENT SERVICES

### APPLICATION DETAILS

CUSTOMER INFORMATION			
Company Name*	:		
Company Registration No*	:		
Registered Address*	:		
Address 1	:		
Address 2	:		
Post Code	:	Town/State	:
Contact Person (Primary)*	:	Contact Person (Secondary)	:
Telephone*	:	Telephone	:
Facsimile*	:	Facsimile	:
Email*	:	Email	:
SERVICES DETAILS			
Service(s)	<input type="checkbox"/>	Placement	<input type="checkbox"/>
			Sweeping
Placement Account Name			
Placement Account Number			
Placement Type			
Sweeping Account Number			
Sweeping Structure Acct Set Up (Select if applicable)			
<input type="checkbox"/> Sweeping Account Amount			
<input type="checkbox"/> Reversal Funding (Target Balance, if any			
<input type="checkbox"/> Funding (Target Balance, if any			
<input type="checkbox"/> Reversal Funding (Target Balance, if any			
Sweeping Frequency		Services Fee	
DECLARATION BY CUSTOMER			
<p>By signing below, I/we hereby confirm I/we am/are authorized 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 Islamic of any changes to the same. I/We acknowledge that I/we remain bound by all transactions effected through the services whether or not the named users of the services are the account signatories, and shall not hold AmBank Islamic liable for acting based on information provided herein. By signing below, 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 maybe) between the Company and AmBank Islamic, any applicable service schedule or user guide, and the General Terms &amp; Conditions of Accounts and Services in force from time to time.</p>			

#### Signed By :

.....	.....
Full Name :	Full Name :
Designation :	Designation :
NRIC/Passport Number :	NRIC/Passport Number :
Date :	Date :

FOR INTERNAL USE ONLY	
Cash Sales Representative*	:
RM Code & Name*	:
Template ID	:

\*Mandatory field