



Guide on How to Fill-in:

SWEEPING & PLACEMENT FORM - CONVENTIONAL

For any new or existing to bank customers
who wish to sign-up for Sweeping and
Placement facility

CASH MANAGEMENT SWEEPING & PLACEMENT SERVICES

APPLICATION DETAILS

Fill in your company details

CUSTOMER INFORMATION			
Company Name*	:	ABC SDN BHD	
Company Registration No*	:	123456-X	
Registered Address*	:	LEVEL 2, MENARA XYZ, JALAN SULTAN ISMAIL	
Address 1	:		
Address 2	:		
Post Code	:	50250	Town/State : KUALA LUMPUR
Contact Person (Primary)*	:	JANE DOE	Contact Person (Secondary) : JOHN SMITH
Telephone*	:	012-388XXXX	Telephone : 012-388XXXX
Facsimile*	:	03-2026XXX	Facsimile :
Email*	:	ABC.COM.MY	Email :

Indicate the type of service(s) you require. You may tick both if required

SERVICES DETAILS	
Service(s)	<input checked="" type="checkbox"/> Placement <input checked="" type="checkbox"/> Sweeping
Placement Account Name	ABC SDN BHD
Placement Account Number	888XXXXXXXXXX
Placement Type	SLAB RATE (MYR)
Placement Rate	Below or equal to 100k = 0.50% p.a. Above 100k to 500k = 0.75% p.a. Above 500k = 1.00% p.a.
Sweeping Account Number	888XXXXXXXXXX 888XXXXXXXXXX

Fill in placement account details, type and rate

Fill in sweeping account number

Sweeping Structure Acct Set Up (Select if applicable)	
<input checked="" type="checkbox"/> Sweeping Account Amount	Full 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)	
<input checked="" type="checkbox"/> Interest Reallocation (Contribution/%)	50%
<input type="checkbox"/> Interest Reallocation (Pos)	
Sweeping Frequency	DAILY
Services Fee	RM 5.00 p.m

Indicate type sweeping structure account set up. You may tick more than one (if applicable)

Fill in sweeping frequency

Fill in sweeping fees

DECLARATION BY CUSTOMER
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 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 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, any applicable service schedule or user guide, and the General Terms & Conditions of Accounts and Services in force from time to time.

Signed By :

Fill-in **FIRST** authorized person details

Fill-in **SECOND** authorized person details

CHEONG YI

AHMAD DIN

Full Name : CHEONG YI
 Designation : ACCOUNT MANAGER
 NRIC/Passport Number : XXXXXX-XX-XXXX
 Date : DDMMYYYY

Full Name : AHMAD DIN
 Designation : MANAGER
 NRIC/Passport Number : XXXXXX-XX-XXXX
 Date : DDMMYYYY

Customer do not need to fill this in. Reserved for Bank Use

FOR INTERNAL USE ONLY	
Cash Sales Representative*	: ABU BIN ALI
RM Code & Name*	: Z7999 KIM LEE
Template ID	:

*Mandatory field