



Guide on How to Fill-in:

TB SERVICE REQUEST FORM

For any existing to bank customers who wish to do maintenance on their existing facilities

SERVICE REQUEST FORM

Complete all sections and submit this form together with other supporting documents (where applicable) to Client Support Group, AmBank(M) Bhd, Transaction Banking, Level 21, Menara Dion, Jalan Sultan Ismail, 50250 Kuala Lumpur. If you require assistance, please contact Client Support Group at +603-23818800 or email us at ambizcare@ambankgroup.com. Please indicate N/A or strike out all unused sections. **Fill in your company's information is strictly not allowed. * Mandatory information**

SECTION A - COMPANY INFORMATION																																																								
Registered Name *						Business Registration No. *																																																		
ABC SDN BHD						123456-X																																																		
SECTION B - DETAILS OF CONTACT PERSON																																																								
Full Name (as in NRIC/Passport)			No. *		E-mail Address *																																																			
CHEONG YI			012-388XXXX		CHEO@GMAIL.COM																																																			
SECTION C - SERVICE REQUEST (where applicable please tick <input checked="" type="checkbox"/> in the checkbox provided below)																																																								
<input checked="" type="checkbox"/> EAB <input checked="" type="checkbox"/> EAP <input type="checkbox"/> EIP <input checked="" type="checkbox"/> APD <input type="checkbox"/> ADT <input checked="" type="checkbox"/> AMT <input type="checkbox"/> CR <input type="checkbox"/> EST <input type="checkbox"/> MT <input type="checkbox"/> JOMPAY • EAB(eAmBiz Inquiry) • EAP(Payment) • EIP(EIPP) • APD(eAmPayDay) • ADT(Auto Debit) • AMT(AmTrade) • CR(Collection Report) • EST(e-Statement-MYR) • MT (MT940/942) • JOM(JomPAY)																																																								
<input type="checkbox"/>	<input checked="" type="checkbox"/> Token Replacement	Indicate Token Number: (Kindly return the faulty/damaged token(s) to AmBank together with this form.)																																																						
		AE203XXX						Indicate your token number if you choose "Token Replacement"																																																
<input type="checkbox"/>	<input checked="" type="checkbox"/> Add Additional Token	Indicate Number of Token:																																																						
		1						Indicate number of tokens you wish to add if you choose "Add Additional Token"																																																
<input type="checkbox"/>	Add Account <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> Payment	Indicate Account Number: (Please also indicate the existing account number if it requires additional payment mode)																																																						
		888XXXXXXXXXX						Indicate account number if you wish to "Add Account" to the system.																																																
<input type="checkbox"/>	<input checked="" type="checkbox"/> Remove Account	Indicate Account Number:																																																						
		888XXXXXXXXXX						Indicate account number if you wish to "Remove Account" from the system.																																																
<input checked="" type="checkbox"/>	Add Payment Mode	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Payment Mode</th> <th>Debit Method</th> <th>Charges (Inclusive 6% GST)</th> <th></th> <th>Payment Mode</th> <th>Debit Method</th> <th>Charges (Inclusive 6% GST)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>SWIFT (FCY TT)</td> <td>Individual Debit</td> <td>RM10.60</td> <td><input checked="" type="checkbox"/></td> <td>Internal Fund Transfer (MYR & FCY)</td> <td>Consolidated Debit</td> <td>Waived</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>GIRO</td> <td>Consolidated Debit</td> <td>RM0.10</td> <td><input type="checkbox"/></td> <td>RENTAS</td> <td>Individual Debit</td> <td>RM2.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Banker's Cheque</td> <td>Consolidated Debit</td> <td>RM2.81</td> <td><input type="checkbox"/></td> <td>Payroll IFT</td> <td>Consolidated Debit</td> <td>Waived</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Payroll GIRO</td> <td>Consolidated Debit</td> <td>RM0.10</td> <td><input type="checkbox"/></td> <td>ZAKAT</td> <td>Individual Debit</td> <td>Waived</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EIPP/ProCall (Direct Debit)</td> <td>Individual Debit</td> <td>RM2.00</td> <td><input type="checkbox"/></td> <td>EIPP/ProCall (Floor Stock/Floor Plan)</td> <td>Individual Debit</td> <td>Waived</td> </tr> </tbody> </table>							Payment Mode	Debit Method	Charges (Inclusive 6% GST)		Payment Mode	Debit Method	Charges (Inclusive 6% GST)	<input type="checkbox"/>	SWIFT (FCY TT)	Individual Debit	RM10.60	<input checked="" type="checkbox"/>	Internal Fund Transfer (MYR & FCY)	Consolidated Debit	Waived	<input checked="" type="checkbox"/>	GIRO	Consolidated Debit	RM0.10	<input type="checkbox"/>	RENTAS	Individual Debit	RM2.00	<input type="checkbox"/>	Banker's Cheque	Consolidated Debit	RM2.81	<input type="checkbox"/>	Payroll IFT	Consolidated Debit	Waived	<input type="checkbox"/>	Payroll GIRO	Consolidated Debit	RM0.10	<input type="checkbox"/>	ZAKAT	Individual Debit	Waived	<input type="checkbox"/>	EIPP/ProCall (Direct Debit)	Individual Debit	RM2.00	<input type="checkbox"/>	EIPP/ProCall (Floor Stock/Floor Plan)	Individual Debit	Waived	
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		Indicate payment mode you wish to add if you choose "Add Payment Mode"																																																						
<input checked="" type="checkbox"/>	MT940/942 Request	Destination Bank Name & Swift Code 1 :																																																						
		<input type="checkbox"/> MT940 <input type="checkbox"/> MT942																																																						
		AmBank Account Name & Acc No. 1 :																																																						
		<input checked="" type="checkbox"/> MT940 <input type="checkbox"/> MT942		ABC SDN BHD XXXXXX																																																				
		Indicate account name and number if you choose MT940/MT942 Request																																																						
<input checked="" type="checkbox"/>	Profile Update: Change in Address/ Company Name/ Contact	DEF SDN BHD						Indicate the changes if you choose "Profile Update"																																																
<input checked="" type="checkbox"/>	Termination of Service(s) Request	Indicate Reason for Termination: (Kindly return the token(s) to AmBank together with this form.)																																																						
								Indicate reason of termination if you choose "Termination of Service(s) Request"																																																
SECTION D - DECLARATION BY CUSTOMER																																																								
By signing below, I/we hereby confirm that 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/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/AmBank Islamic liable for acting based on information provided herein. 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 may be) between the Company/Association/Club/Society and AmBank/AmBank Islamic, any applicable service schedule or user guide, and the General Terms & Conditions of Accounts and Services in force from time to time.																																																								
CHEONG YI Fill-in FIRST authorized person details				AHMAD DIN Fill-in SECOND authorized person details																																																				
1) Full Name (as in NRIC/Passport) *		Designation *		2) Full Name (as in NRIC/Passport) *		Designation *																																																		
CHEONG YI		ACCOUNT MANAGER		AHMAD DIN		MANAGER																																																		
NRIC/Passport No. *		Date *		NRIC/Passport No. *		Date *																																																		
XXXXXX-XX-XXXX		DDMMYYYY		XXXXXX-XX-XXXX		MANAGER																																																		