



Guide on How to Fill-in:

# **TB SERVICES SETUP FORM FOR OTHER SERVICES**

For any existing to bank customers who  
wish to sign-up for additional services

(i.e. for Payroll, AmTrade, AutoDebit, Collection Report,  
MT940/942 (e-statement), e-AmBiz Payment facility)



**TRANSACTION BANKING SERVICES SET-UP FORM**

Complete all sections and submit this form together with other supporting documents (where applicable) to Client Services Group, AmBank (M) Bhd, Transaction Banking, Level 21, Menara Dion, Jalan Sultan Ismail, 50250 Kuala Lumpur. If you require assistance, please contact our Client Services Group at +603-23818800 or email us at [e-ambizcare@ambankgroup.com](mailto:e-ambizcare@ambankgroup.com). Please indicate N/A or strike out all unused section(s) in this form.

Alteration is strictly not allowed. \* **Mandatory information**

Fill in your company information

**SECTION A – COMPANY INFORMATION**

Registered Name \*  Business Registration No. \*  Telephone No. \*

Business / Mailing Address  Facsimile No. \*

Indicate whether the security administrators are new or remain unchanged.

Fill-in details of the appointed Token Custodian

**SECTION B – DETAILS OF SECURITY ADMINISTRATORS** (please tick  Details of the newly appointed security administrator(s) are stated below.  Our security administrator(s) remain unchanged. x provided below)

**Primary Security Administrator (Token Custodian)**

Full Name (as in NRIC/Passport) \*  Business Telephone No. \*  Specimen signature \*

NRIC/Passport No. \*  Mobile Phone No. \*  Preferred User ID (max of 10 chars) \*

Designation  Facsimile No.  E-mail Address \*

**Secondary Security Administrator (PIN Mailer Custodian)**

Full Name (as in NRIC/Passport)  Business Telephone No. \*  Specimen signature \*

NRIC/Passport No. \*  Mobile Phone No. \*  Preferred User ID (max of 10 chars) \*

Designation \*  Facsimile No. \*  E-mail Address \*

Security Administrator functionalities are: • Assignment of tokens and PINs for dynamic users • Enable and reset of passwords for static users • Manage the Security Matrix for assignment of user's right and access • Manage and maintain access profiles which defines user group functionalities • Manage and maintain static and dynamic users/access • Manage and maintain transaction authorization matrix.

Please indicate the services you required

**SECTION C – DETAILS OF ACCOUNT(S)** (please tick  in the checkbox provided)

Account Type	Account Number	Services Required	Email Address (for e-Statement Service (EST) Only)
CA <input checked="" type="checkbox"/> FD <input type="checkbox"/> FCA <input type="checkbox"/>	<input type="text" value="XXXXXXXXXXXX"/>	EAB <input type="checkbox"/> EAP <input checked="" type="checkbox"/> EIP <input type="checkbox"/> APD <input checked="" type="checkbox"/> ADT <input type="checkbox"/> AMT <input type="checkbox"/> CR <input type="checkbox"/> MT <input type="checkbox"/> EST <input type="checkbox"/>	<input type="text" value="CHEO@GMAIL.COM"/>

•CA(Current Account) •FD(Fixed Deposit) •FCA(Foreign Currency Account) •EAB(eAmBiz Inquiry) •EAP(Payment) EIP(EIPP)•APD(eAmPayDay) •ADT(Auto Debit) •AMT(AmTrade) •CR(Collection Report) •MT (MT940/942) EST( e-Statement-MYR)

**SECTION D (i) – PAYMENT SERVICES ( FOR EAP ONLY)** Fill in the section below only if you intend to subscribe to e-AmBiz Payment

Issuance Account :  Charging Account :

Service(s)	Debit Method	Charges	Charges Frequency	Same Day Value Cut-off Time	
<input checked="" type="checkbox"/> Internal Fund Transfer (IFT) – MYR and SGD	Consolidated Debit		Daily	Indicate the account you wish to debit on transaction fees	
<input checked="" type="checkbox"/> GIRO	Consolidated Debit	RM0.10			5:00PM
<input checked="" type="checkbox"/> RENTAS	Individual Debit	RM2			3:00PM
<input checked="" type="checkbox"/> SWIFT & (F)	Individual Debit	RM10.60			3:00PM
<input type="checkbox"/> Net Payroll	Consolidated Debit	Waived			5:00PM
<input type="checkbox"/> Net Payroll – GIRO	Consolidated Debit	RM0.10			5:00PM
<input type="checkbox"/> EIPP/ProColl (Direct Debit)	Individual Debit	RM2			11:30PM
<input type="checkbox"/> EIPP/ProColl (Floor Stock / Floor Plan)	Individual Debit	Waived			4:30pm (Mon-Thu) 3:30pm (Fri)
<input type="checkbox"/> Zakat	Individual Debit	Waived			5:00PM
<input type="checkbox"/> Banker's Cheque	Consolidated Debit	RM2.81			4:00PM

**SECTION D (ii)–Additional Charges and Details for Banker's Cheque Only** (Charges are inclusive of 6% GST)

Stamp Duty Charges	Stop Payment Charges	Re-issuance Charges	Unclaimed Money Reporting	Payable Branch	Stale Refund	Expiry Date	Delivery Charges		
							Mail	Registered Mail	Courier
RM0.15 per cheque	RM5.30 per cheque	RM5.30 per cheque	RM10.60 per cheque	Kuala Lumpur	Yes	12 months from date of cheque	RM0.64 per cheque	RM3.71 per cheque	RM8.48 per batch

Remarks:

**SECTION E – e-AmPayDay (FOR APD ONLY)** Fill in the section below only if you intend to subscribe to e-AmPayDay

Customer Name	Issuance Account	Charging Account	Net / Gross Salary	Cut-Off Time	Charges Frequency
ABC SDN BHD	XXXXXXXXXXXX	XXXXXXXXXXXX	<input checked="" type="checkbox"/> Net Salary <input type="checkbox"/> Gross Salary		

Indicate your company's name

Indicate the account you wish to debit when issuing payment

Indicate the account you wish to debit on transaction fees

Indicate the type of salary payment intend to make

Statutory Payment	Date	Fees & Charges	
<input checked="" type="checkbox"/> EPF/KWSP	the month	IFT <input type="text"/> /Transaction	Statutory Payment <input type="text"/> /Month
<input checked="" type="checkbox"/> SOCSO/PERKESO	the month	GIRO <input type="text"/> /Transaction	
<input checked="" type="checkbox"/> IRB/LHDN	Every 15 <sup>th</sup> of the month	Note: The Bank Reserves the right to charge for loss and damaged token if the token is found to be damaged upon receipt by the bank.	

Indicate the type of statutory payment you intend to make

**SECTION F – TOKEN REQUEST (FOR EAP, APD & AMT ONLY)**

Number of Token(s):	<input type="text" value="X"/> /unit	Indicate the number of tokens required	Replacement Cost:	<input type="text"/> /unit
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**SECTION G – MT940/942 REQUEST** Fill in the section below only if you require MT940/MT942

Destination Bank Name & Swift Code 1: <input type="checkbox"/> MT940 <input type="checkbox"/> MT942		reporting frequency: Daily (MT940-once daily, MT942-intra-day)
AmBank Acc Name & Acc No. 1: <input checked="" type="checkbox"/> MT940 <input type="checkbox"/> MT942	ABC SDN BHD XXXXXXXXXXXX	Fixed Monthly Services Fee : RM106 (inclusive of 6% GST) Charging Frequency : Every end of the month
AmBank Acc Name & Acc No. 2: <input type="checkbox"/> MT940 <input type="checkbox"/> MT942	Indicate your Acc Name and No	Remarks: <input type="text"/>
AmBank Acc Name & Acc No. 3: <input type="checkbox"/> MT940 <input type="checkbox"/> MT942		

**SECTION H – 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 bounded 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 maybe) 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.

<b>CHEONG YI</b>	Fill-in <b>FIRST</b> authorized person details	<b>AHMAD DIN</b>	Fill-in <b>SECOND</b> 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	DDMMYYYY