

SERVICE REQUEST FORM

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 or amaccesscare@ambankgroup.com. Please indicate N/A or strike out all unused section(s) in this form. **Alteration is strictly not allowed. * Mandatory information**

SECTION A - COMPANY INFORMATION

Registered Name *	Business Registration No. *
<input type="text"/>	<input type="text"/>

SECTION B - DETAILS OF CONTACT PERSON

Full Name (as in NRIC/Passport) *	Contact No. *	E-mail Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C - SERVICE REQUEST (where applicable please tick in the checkbox provided below)

- EAB EAP EIP APD ADT AMT CR EST MT JOMPAY
 • EAB(eAmBiz Inquiry) • EAP(Payment) • EIP(EIPP) • APD(eAmPayDay) • ADT(Auto Debit) • AMT(AmAccess Trade) • CR(Collection Report)
 • EST (e-Statement-MYR) • MT (MT940/942) • JOM(JomPAY)

<input type="checkbox"/>	<input type="checkbox"/> Token Replacement (RM 80.00 per token)	Indicate Token Number: (Kindly return the faulty/damaged token(s) to AmBank together with this form.)	<input type="text"/>																																																
<input type="checkbox"/>	<input type="checkbox"/> Add Additional Token (RM80.00 per token)	Indicate Number of Token:	<input type="text"/>																																																
<input type="checkbox"/>	Add Account <input type="checkbox"/> Inquiry <input type="checkbox"/> Payment	Indicate Account Number: (Please also indicate the existing account number if it requires additional payment mode)	<input type="text"/>																																																
<input type="checkbox"/>	<input type="checkbox"/> Remove Account	Indicate Account Number:	<input type="text"/>																																																
<input type="checkbox"/>	Add Payment Mode	<table border="1" style="width:100%"> <thead> <tr> <th></th> <th>Payment Mode</th> <th>Debit Method</th> <th>Charges (Inclusive 0% GST)</th> <th></th> <th>Payment Mode</th> <th>Debit Method</th> <th>Charges (Inclusive 0% GST)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>SWIFT (FCY TT)</td> <td>Individual Debit</td> <td>RM10.00</td> <td><input type="checkbox"/></td> <td>Internal Fund Transfer (MYR & FCY)</td> <td>Consolidated Debit</td> <td>Waived</td> </tr> <tr> <td><input 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>RM2.65</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 0% GST)		Payment Mode	Debit Method	Charges (Inclusive 0% GST)	<input type="checkbox"/>	SWIFT (FCY TT)	Individual Debit	RM10.00	<input type="checkbox"/>	Internal Fund Transfer (MYR & FCY)	Consolidated Debit	Waived	<input type="checkbox"/>	GIRO	Consolidated Debit	RM0.10	<input type="checkbox"/>	RENTAS	Individual Debit	RM2.00	<input type="checkbox"/>	Banker's Cheque	Consolidated Debit	RM2.65	<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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<input type="checkbox"/>	MT940/942 Request	Destination Bank Name & Swift Code 1 : <input type="checkbox"/> MT940 <input type="checkbox"/> MT942	<input type="text"/>																																																
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<input type="checkbox"/>	Profile Update: Change in Address/ Company Name/ Contact	<input type="text"/>																																																	
<input type="checkbox"/>	Termination of Service(s) Request	Indicate Reason for Termination: (Kindly return the token(s) to AmBank together with this form.)	<input type="text"/>																																																

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.

1) Full Name (as in NRIC/Passport) *	Designation *	2) Full Name (as in NRIC/Passport) *	Designation *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NRIC/Passport No. *	Date *	NRIC/Passport No. *	Date *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>