



TRANSACTION BANKING SERVICES SET-UP 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. *, Telephone No. *, Business / Mailing Address, Facsimile No. *

SECTION B - DETAILS OF SECURITY ADMINISTRATORS (please tick [x] in the checkbox provided below)

Details of the newly appointed security administrator(s) are stated below. Our security administrator(s) remain unchanged. Primary Security Administrator (Token Custodian) and Secondary Security Administrator (PIN Mailer Custodian) details including Full Name, NRIC/Passport No., Designation, Business Telephone No., Mobile Phone No., E-mail Address, Specimen signature, and Preferred User ID.

SECTION C - DETAILS OF ACCOUNT(S) (please tick [x] in the checkbox provided below)

Table with columns: Account Type (CA, FD, FCA), Account Number, Services Required (EAB, EAP, EIP, APD, ADT, AMT, CR, MT, EST), and Email Address (for e-Statement Service (EST) Only).

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

SECTION D (1) - PAYMENT SERVICES (FOR EAP ONLY)

Table for Payment Services (FOR EAP ONLY) with columns: Issuance Account, Charging Account, Service(s), Debit Method, Issuance Charges Per Transaction, Charges Frequency, and Same Day Value Cut-off Time.

SECTION D (ii) – Additional Charges and Details for Banker’s Cheque Only

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	RM5.00 per cheque	RM5.00 per cheque	RM10.00 per cheque	Kuala Lumpur	Yes	12 months from date of cheque	RM0.60 per cheque	RM3.50 per cheque	RM8.00 per batch

Remarks:

SECTION E – e-AmPayDay (FOR APD ONLY)

Customer Name	Issuance Account	Charging Account	Net / Gross Salary	Cut-Off Time	Charges Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Net Salary <input type="checkbox"/> Gross Salary	6.30PM	Monthly
<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

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

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

Number of Token(s): <input type="text"/> /unit	Cost of Additional Token: (RM80 per token) <input type="text"/> /unit	Replacement Cost: (RM80 per token) <input type="text"/> /unit
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SECTION G – MT940/942 REQUEST

Destination Bank Name & Swift Code 1: <input type="checkbox"/> MT940 <input type="checkbox"/> MT942	<input type="text"/>	Reporting Frequency: Daily (MT940-once daily, MT942-intra-day) Fixed Monthly Services Fee : RM100 Charging Frequency : Every end of the month Remarks: <input type="text"/>
AmBank Acc Name & Acc No. 1: <input type="checkbox"/> MT940 <input type="checkbox"/> MT942	<input type="text"/>	
AmBank Acc Name & Acc No. 2: <input type="checkbox"/> MT940 <input type="checkbox"/> MT942	<input type="text"/>	
AmBank Acc Name & Acc No. 3: <input type="checkbox"/> MT940 <input type="checkbox"/> MT942	<input type="text"/>	

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) (“the Services”). 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 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.

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

SECTION D – FOR BANK USE

Impacted System :	Date :	Verified By :	Approved By :
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