

**CORPORATE INTERNET BANKING APPLICATION FORM /  
BORANG PERMOHONAN PERBANKAN INTERNET KORPORAT**

DATE OF APPLICATION:                     SERVICE REQUIRED (tick ✓):    INQUIRY     TRANSACTION

*Please submit this application form to your **HOME BRANCH** and to complete the form in **CAPITAL LETTERS**. Please ensure you have attached to get the **ra**ll necessary supporting document(s) listed in the application checklist below.*

- Complete Corporate Internet Banking Application Form
- Photocopy of NRIC / Passport for all System Administrators, System Authorizers and Authorised Signatories.
- Board Resolution (For Company Sdn Bhd / Bhd)
- Board Resolution of Subsidiary Company (For linking of Subsidiary Company)
- Letter of Authority (For Partnership / Association / Club / Society / Professional)
- Letter of Introduction (For Government)
- Latest minute of meeting (For Association / Club / Society)

**CUSTOMER INFORMATION**

Company Name : \_\_\_\_\_  
 Business Registration Number : \_\_\_\_\_  
 Company Telephone Number : \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Primary Contact Person		Secondary Contact Person	
Name	: _____	Name	: _____
Designation	: _____	Designation	: _____
Telephone Number	: _____	Telephone Number	: _____
Mobile Number	: _____	Mobile Number	: _____
Fax Number	: _____	Fax Number	: _____
E-Mail	: _____	Email	: _____

**LIST OF AUTHORISED COMPANY ACCOUNT(S)**

*For Current Account / Group Fixed Deposit / Loan*

Account Number	Account Name
1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ (Principal / Subsidiary)
2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ (Principal / Subsidiary)
3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ (Principal / Subsidiary)
4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ (Principal / Subsidiary)
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6. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ (Principal / Subsidiary)
7. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ (Principal / Subsidiary)

**\*NOTE** : Please contact your Home Branch if you do not know your Group Fixed Deposit Account Number.  
 Please provide a separate Board of Directors Resolution from each subsidiary, allowing linking of account to the principle application.

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**CORPORATE SYSTEM ADMINISTRATION**

**System Administrator**

System Administrator is the individual appointed by the company to create and update company staff IDs for system access.

***System Administrator 1 (Mandatory)***

Virtual Card Number : \_\_\_\_\_ (Fill up by Branch Officer)  
 Name : \_\_\_\_\_ NRIC : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Email : \_\_\_\_\_  
 Contact No: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Signature: \_\_\_\_\_

***System Administrator 2 (Optional)***

Virtual Card Number : \_\_\_\_\_ (Fill up by Branch Officer)  
 Name : \_\_\_\_\_ NRIC : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Email : \_\_\_\_\_  
 Contact No: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Signature: \_\_\_\_\_

***System Administrator 3 (Optional)***

Virtual Card Number : \_\_\_\_\_ (Fill up by Branch Officer)  
 Name : \_\_\_\_\_ NRIC : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Email : \_\_\_\_\_  
 Contact No: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Signature: \_\_\_\_\_

**System Authoriser**

System Authorizer is the individual appointed by the company to authorise the creation and updates made by System Administrator

***System Authoriser 1 (Mandatory)***

Virtual Card Number : \_\_\_\_\_ (Fill up by Branch Officer)  
 Name : \_\_\_\_\_ NRIC : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Email : \_\_\_\_\_  
 Contact No: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Signature: \_\_\_\_\_

***System Authoriser 2 (Optional)***

Virtual Card Number : \_\_\_\_\_ (Fill up by Branch Officer)  
 Name : \_\_\_\_\_ NRIC : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Email : \_\_\_\_\_  
 Contact No: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Signature: \_\_\_\_\_

***System Authoriser 3 (Optional)***

Virtual Card Number : \_\_\_\_\_ (Fill up by Branch Officer)  
 Name : \_\_\_\_\_ NRIC : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Email : \_\_\_\_\_  
 Contact No: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
 Signature: \_\_\_\_\_

\*NOTE: System Administrator and System Authoriser cannot be the same person  
Please provide a copy of NRIC / Passport for each person appointed above

## CORPORATE INTERNET BANKING APPLICATION FORM / BORANG PERMOHONAN PERBANKAN INTERNET KORPORAT

### DECLARATION

I/We/Representative of the Organisation am/are authorised to apply for the above affinOnline.com Service and enclose herewith the details of the person(s) authorised to hold access and hereby give consent to each authorised person the right to operate the affinOnline.com Service for and on behalf of the Organisation. I/We/Representative of the Organisation hereby agree and undertake to indemnify you and at all times keep you fully and completely indemnified from and against all claims and demands, actions and proceedings, losses and expenses including legal costs as between solicitor and own client and all other liabilities of whatsoever nature or description which may be made or taken or incurred or suffered by you in connection with or in any manner arising out of the said authorisation given by me/us. I/We further agree that my/our liabilities shall be a continuing liability and shall remain in full force and effect until my/our liabilities if any is fully discharged to your satisfaction. I/We irrevocably and unconditionally agree to be bound by the Terms and Conditions of Access to the affinOnline.com Service. I/We hereby declare that there is no change to my/our latest mandate for operation of the account(s) to you. In the event of a change in the constitution of the Organisation or a change in mandate, I/We undertake to notify you forthwith and shall immediately terminate the above service in the manner provided in the Terms and Conditions. In the event of any failure on my/our part to inform you promptly of any changes in the constitution of my/our firm, I/We shall not hold you liable for any losses or damages suffered by me/us and I/We undertake that I/We shall at all times thereafter indemnify you (your successors in title and assigns) in full and keep you fully indemnified against all liabilities arising thereof and against all actions, suits, proceedings, demands, damages and any expenses whatsoever which maybe taken or made against you or incurred by you arising therefrom.

**Applicable Where Account is Held by Association, Club or Society.**

In addition to the above terms and condition, I/We, the representative of the Organisation, irrevocably and unconditionally agree that the Bank shall make available the use of the affinOnline.com Service to the Organisation's authorised users until receipt of a notice by the Bank from me/us on behalf of the Organisation or any other party or by any other means howsoever of the Organisation's suspension, cancellation and/or de-registration. Upon receipt of any such notice as aforesaid, I/We hereby agree that the Bank shall be entitled at its sole and absolute discretion to terminate the affinOnline.com Service. The said notice shall not affect any transactions performed and/or effected prior to the Bank's receipt of the aforesaid notice. I/We/Representative of the Organisation hereby irrevocably and unconditionally agree to be bound by the Terms and Condition of Access to the affinOnline.com Service and such other terms and conditions and any amendments thereto made by the Bank from time to time. I/We/Representative of the Organisation hereby authorise the Bank to debit my/our the designated active account specify in this form for any service charge or administrative charges incurred under or pursuant to the affinOnline.com Service.

In consideration of your agreement to accept all our transactions via your Corporate Internet Banking (CIB) by ourselves with authentication, we hereby irrevocably undertake to accept full responsibility for any errors or omissions resulting from the service and to hold you harmless and indemnified against all actions, proceedings claims and demands whatsoever which may hereafter be brought against you arising out of or in connection with the acceptance and application and from all costs and expenses of whatever kind in connection therewith excepting however all matters arising out of or in connection with wilful misconduct and gross negligence on your part including your servants, employees and agents.

I/We further hereby agree that the Virtual Card and Internet Banking Pin Mailer generate by the Bank shall not be revealed, disclosed or compromised in any manner whatsoever and that the Bank shall fully be indemnified against any losses, cost, damages or expenses incurred. I/We hereby authorise the bank to debit the designated active account as specify in this form for registration fee, subscription fee, administrative charges, taxes, premiums, costs and expenses chargeable by the bank to us as per the provisions herein. A statement issued by the bank as the amount owing to the bank is final, conclusive and binding on us. I/We/Representative of the Organisation hereby agree and acknowledge that, to protect the interests of the Organisation, the authorised person to effect any payment to any third party whosoever, for and on behalf of the Organisation under the affinOnline.com Service, shall hold a Token. I/We further irrevocably agree to indemnify you in full against all liabilities and all actions, suits, losses, claims, proceedings, demands, damages, costs and any expenses whatsoever or howsoever arising and/or incurred and/or sustained by you arising out of or in connection with any instructions given or purported to be given by the authorized person(s).

**Transaction Limit Per Day (RM)** :

**Subscription Fee Debiting Account (designated active account)** :

**Number(s) to assign Security Token** :

The Authorised Signatory shall be the person(s) authorized to operate the Company Account as per Board Resolution / Letter of Authority / Letter of Introduction and Minute of Meeting

Name of Authorised Signatory (As per NRIC / Passport)	Relationship to Company / Contact Number	NRIC / Passport	Signature
<b>COMPANY STAMP WITH REGISTRATION NUMBER AND SIGNING ARRANGEMENT (IF APPLICABLE)</b>			

\*Note: Please provide a copy of NRIC / Passport for each person above.

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**FOR BRANCH USE ONLY**

Branch Code : \_\_\_\_\_ Autopay Debiting Account : \_\_\_\_\_  
 Company CIF Number : \_\_\_\_\_ EFT Account Number : \_\_\_\_\_  
 Corporate Code (Autopay) : \_\_\_\_\_ Virtual Card Registration at Host :  (tick ✓)  
 Autopay Charges : (Third Party) RM \_\_\_\_\_ (Inter-Bank) RM \_\_\_\_\_ (Rentas) RM \_\_\_\_\_

We hereby confirm that all signature(s) and other particular in this form have been verified by us against the relevant document(s)

Verifying Officer / Verify By : \_\_\_\_\_ Branch Manager / Manager Branch Services / Approved By : \_\_\_\_\_

\_\_\_\_\_  
(Signature / Name Stamp & Date) PS No : \_\_\_\_\_ (Signature / Name Stamp & Date) PS No : \_\_\_\_\_

Date of Submission :

Note : Please Fax Page 4 to Account Services for Autopay Maintenance 03 2026 8859  
 : Please Fax the Page 1 to 4 to EChannel for CIB Registration 03 2031 7458

**FOR ACCOUNT SERVICE USE ONLY**

Application Received On : \_\_\_\_\_  
 Operational Checklist : IBG Corporate Info Maintenance  (tick ✓) Date: \_\_\_\_\_  
 Verify By : \_\_\_\_\_ Authorise By : \_\_\_\_\_

\_\_\_\_\_  
(Signature / Name Stamp & Date) PS No : \_\_\_\_\_ (Signature / Name Stamp & Date) PS No : \_\_\_\_\_

**FOR ECHANNEL USE ONLY**

Application Received On : \_\_\_\_\_  
 Operational Checklist : Corporate Registration  (tick ✓) Date: \_\_\_\_\_ Upon Receipt of CIB Application Form  
 Token Binding  (tick ✓) Date: \_\_\_\_\_ Upon Acknowledgement of Token  
 Verify By : \_\_\_\_\_ Authorise By : \_\_\_\_\_

\_\_\_\_\_  
(Signature / Name Stamp & Date) PS No : \_\_\_\_\_ (Signature / Name Stamp & Date) PS No : \_\_\_\_\_