



## Reflex Cash Management Services Application Form Borang Permohonan Perkhidmatan Pengurusan Tunai Reflex

## Reflex Cash Management Upgrade Form from "Basic Package" to "Premium Package" Borang Permohonan Naik Taraf daripada "Pakej Asas" ke "Pakej Premium" untuk Reflex **Cash Management**

#### **REGISTRATION CENTRE**

Please forward completed Upgrade Form together with other documents in the Checklist below to the following address

CHECKLIST	BEFORE	SUBMISSION	TO BANK:
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		Officer in Cha	rae				
		Cash & Paym	ent Operations				
		Systems & O <sub>l</sub> RHB Bank Be	perations Division				
		Level 3, Towe					
		Jalan Tun Ra	zak				
		50400 Kuala	Lumpur.				
СН	ECK	(LIST BEFORE SUBMISSI	ON TO BANK:				
	1.	Completed Upgrade Form				(	)
	2.	Board Resolution from Prince	ipal account (for Premium F	Package and / or Financial Supply	Chain Management)	(	)
	3.	Form 49				(	)
FO	R B	ANK USE ONLY					
FO	R B	ANK USE ONLY	Code	Staff ID			
FO	R B	ANK USE ONLY Sales Code	Code	Staff ID			
FO	R B		Code	Staff ID			
FO	R BA	Sales Code	Code	Staff ID			
FO	R B	Sales Code Campaign Code	Code	Staff ID			
FO	R BA	Sales Code Campaign Code	Code	Staff ID			
		Sales Code Campaign Code Branch	Code	Staff ID			
Ple	ase	Sales Code  Campaign Code  Branch  tick $()$ where applicable:	Code	Staff ID			
Ple	ase	Sales Code Campaign Code Branch	Code	Staff ID			
Ple	ase	Sales Code  Campaign Code  Branch  tick $()$ where applicable:	Code	Staff ID			



Application to upgrade from Basic to Premium Package: Please mark the box(s) below with ☑ which Reflex Cash Management Services you intend to obtain					
Account Management and Transactic (Must submit this form together with Board Resolu					
Financial Supply Chain Management (Must submit this form together with Board Resolu					
Name of Company / Association / Club / Society:					
Registration Number:	Existing Reflex Corporate ID:				

### Part A – Number of End-Users

User	Premium Package	Financial Supply Chain Management
Data Entry	a. ** Minimum 1 unit required.	a. ** Minimum 1 unit required.
Person appointed to input the data via Reflex.	Additional required? Quantity	Additional required? Quantity
Reviewer	a. Optional. Do you require?	a. Optional. Do you require?
Appointed staff to	□ **Yes	□ **Yes
review information inserted by Data	□ No	□ No
Entry.	b. Additional required? Quantity	b. Additional required? Quantity
Authorizer	1. **Minimum 1	1. **Minimum 1
Person appointed by	0 4 1 1711 1 - 10 0 171	0 4155 - 1 - 1 - 10 0 - 15
company to authorize transactions made via	Additional required? Quantity	Additional required? Quantity
Reflex.		
Training (for	We would like to have / Kami memerlukan:	
Premium Package)	D *** 0 ** 4 * * * * * * * * * * * * * *	
Training by our Solution Specialist on	*** On-site training at your office (Chargeable). Please state	e location:
how to easily utilize Reflex. It is highly recommended for you to apply.		
ιο αρριγ.	Classroom training at any RHB branch (Free of charge). Ple	ease state location:
	☐ No training required.	

<sup>\*\*</sup> RM50.00 will be charged per token and will be debited from registered account.
\*\*\* RM150.00 will be levied every time a training session is conducted at your site. It will be debited from your account after training is completed.



#### Part B - Statutory Body Details

Please fill this in if you	u wish to perform	statutory body	contributions through	Reflex Cash	Management.

Tax No:	EPF No:	SOCSO No:
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Part B - Reflex Cash Management Services allows linking of additional accounts should you have more than one account with the Bank (belonging to the principal applicant).

- 1. Would you like to link additional accounts? (YES / NO)
- 2. If yes, please fill in the account numbers below.

(Please state the account number in a separate letter if the space is insufficient)

1. Account Number	Account Name
2. Account Number	Account Name
3. Account Number:	Account Name
4. Account Number	Account Name

# Part C –Linking of Subsidiary / Related Accounts Reflex Cash Management Services allows you to link your subsidiary/related accounts under the Principal Applicant

- 1. Would you like to link your account with your subsidiary accounts? (YES / NO)
- 2. If yes, please fill in the account numbers below together with the Board Resolutions from the subsidiary companies allowing the Principal Applicant to view their accounts (as per attached sample).

(Please state the account number in a separate letter if the space is insufficient)

Account Number	Account Name
2. Account Number	Account Name
3. Account Number	Account Name
4. Account Number	Account Name
5. Account Number	Account Name



#### Part F - Declaration by Principal Applicant

- 1. I/We hereby apply for the service of Reflex Cash Management provided by RHB Bank Berhad / RHB Islamic
- 2. I/We hereby authorize the Bank to debit the principal account with the service charges set forth below:
  - a. Subscription service charge
  - b. Service charge
  - c. Token charge
  - d. Training charge

#### Notes on the service charges

- The subscription and service charges above shall be debited from your account upon issuance of your Corporate ID/Organization ID.
- The service fee shall be debited from your account upon processing of your payment files. It is charged based on per transaction basis.
- The subscription fee is charged based on the number of applicant / company's account to be used for the service.
- The training charge is levied every time a training session is conducted at your site. It will be debited from your account after training is completed.
- The subscription, service, token, and training charges above are non-refundable.
- Token charge is applicable for replacement of lost or damaged tokens.
- Effective 1st Apr 2015 all fees/charges incurred will be subjected to 6% GST (where applicable).
- 3. For more details on the terms and conditions and service charges applicable (as defined in the Form for Selection of Reflex Cash Management), please visit <a href="https://www.rhbgroup.com">www.rhbgroup.com</a>. At your request, the Bank may provide you with information on the service charges applicable to the Transactional Services (as defined in the Form for Selection of Reflex Cash Management).
- 4. I/We shall be deemed to have read, understood and accept the Terms and Conditions that govern the use of Reflex Cash Management before submitting this application. The Terms and Conditions are made available at <a href="https://www.rhbgroup.com">www.rhbgroup.com</a>.
- 5. Upon receipt of our application for the Services (either the Account Management Services (known as Basic Package) or a combination of Account Management and Transactional services (known as Premium Package and other services) as stated in Page 1 of this application form), I/we accept and acknowledge that the Bank may in its absolute discretion accept or reject the application. If the Bank accepts the application, the Bank will give written notice of its acceptance and permit us to commence access and/or use of the Services.
- 6. I/We note that the Terms and Conditions and this Form submitted to the Bank shall govern our access and/or use of the services. Any other forms and/or the Application Form previously submitted by us to the Bank shall be deemed to apply to both the existing services obtained by us and the additional services applied for hereunder.
- 7. I/We hereby confirm that I/We are authorized to act for and on behalf of the Company/Association/Club/Society/Partnership to apply for the Reflex Cash Management provided by the Bank.
- 8. I/We hereby confirm that all information provided is true and accurate to the best of my/our knowledge as at the date of this application.
- 9. I/We hereby confirm that I/We have read, understood and agreed to the terms and conditions of the Reflex Cash Management, this Application Form and the Terms and Conditions made available on <a href="https://www.rhbgroup.com">www.rhbgroup.com</a> and agree irrevocably and unconditionally to be bound by such terms and conditions.

** FOR TRADE SERVICES IF APPLICABLE
Authorized Signatory (ies) ** and Company Stamp (Chop) / Date
Name :  Designation :  NRIC No :

For Bank Use Only

		Reflex Registr	ation Centre	Corporate	Commercial	Trade	Credit Card Merchant	Financial Supply Chain
	s' signature & stamp (chop)	Corporate ID:	Verified by:  Approved by:					1

<sup>\*</sup>Authorized Person(s) signature as per Board Resolution (or such other document acceptable to the Bank) for operation of current accounts for banking transactions.

<sup>\*\*</sup>Authorized Person(s) signature as per Board Resolution (or such other document acceptable to the Bank) for operation of existing trade facilities/services as furnished to the Bank, if different from \* above.