



i-RAKYAT COMMERCE MAINTENANCE FORM

* Mandatory field

Company / Cooperative Society Name* : _____

Contact Person* : _____ Contact No.* : _____

A. COMPANY / COOPERATIVE SOCIETY DETAILS TO BE UPDATED (IF APPLICABLE)

Update

Mailing Address : _____

Telephone No. : _____

Fax No. : _____

B. CONTACT PERSON(S)* DETAILS TO BE UPDATED (IF APPLICABLE)

Add	Del	Name (Mr/Mrs/Ms)	Contact No.	Fax No.	Email Address
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

C. ACCOUNT(S) DETAILS TO BE UPDATED (IF APPLICABLE)

Request		Account Number																				
Add	Del																					
<input type="checkbox"/>	<input type="checkbox"/>	1) <table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
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D. ACCESS & PROFILE TO BE UPDATED (PLEASE TICK ✓ IF APPLICABLE) Standard Subscription Fees & Charges : RM100 (per token**) ** inclusive of GST

Request	Name (as per IC/Passport)	IC No (New)/Passport	Email and Mobile Number	Role (select either one)				Modules					Remarks	
				Superuser	Authoriser	Viewer	Data Entry	Account Management	Payment-Own Transfer	Payment-Third Party Transfer	IBG Payment	Payment-Telegraphic Transfer		Autopay
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													

E. AUTHORISATION CONDITION SCHEDULE TO BE UPDATED (IF APPLICABLE)

Authorisation Limit	Authorising Condition	Remarks

F. TERMINATION/SUSPENSION/RESTORATION (IF APPLICABLE)

Name (as per IC/Passport)	Please tick ✓ either one			Reason(s)
	Termination	Suspension	Restoration	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Authorized Person Name: _____ Date : _____	Authorized Person Name : _____ Date : _____	Authorized Person Name : _____ Date : _____	Authorized Person Name : _____ Date : _____
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Please enclose certified true copy of photocopied NRIC/Passport of new Authorised User(s) by either Company Director or Bank Officer.

Please mail the completed form to : **Virtual Banking Department
15th Floor, Menara 1, Menara Kembar Bank Rakyat,
No. 33, Jalan Rakyat, 50470 Kuala Lumpur.
Tel No : 1-300-80-5454**