



## 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) _____
<input type="checkbox"/>	<input type="checkbox"/>	2) _____
<input type="checkbox"/>	<input type="checkbox"/>	3) _____
<input type="checkbox"/>	<input type="checkbox"/>	4) _____

### 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 <input checked="" type="checkbox"/> 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