



Your Bank of Choice

i-bizRAKYAT MAINTENANCE FORM									
* Mandatory field (For customer to complete) Company / Cooperative / Society Name*:	* Mandatory field (For branch to complete) Branch Name*:						(VERSION 3)		
Contact Person*:	Branch Staff Na	me*:				_			
Corporate ID*:	Contact No.*:					_			
Contact ID*:					_				
A. COMPANY / COOPERATIVE / SOCIETY DETAILS TO BE UPDAT	ED (IF APPLICABLE)							
Mailing Address									
Office No. *		Fax N	lo. *						
B. ACCOUNT(S) DETAILS TO BE UPDATED (IF APPLICABLE)		C. USER	ID MAINTEN	ANCE (IF A	APPLICABLE	Ξ)			
No. Request Account Number (Operating)		No.		User ID /	Name		Please T either Disaple	one	
1 2		2							
Account Number	iew Only)	3							
1		4							
2		5							
D. NEW USER ID / ACCESS LEVEL (PLEASE TICK (v) IF APPLICABLE))								
STATUS NEW TOKEN	Type of Token I	Required (pl	ease tick (√)	one only	based on t	he optio	ns below	<i>ı</i> :	
REPLACEMENT TOKEN	*Kindly visit ou	lware Toker r website w		at.com.my		oftware 1 r informa			
Name:									
MyKad / Passport No:									
User Group (select either one)		1		_					
Corporate Admin Maker Checker Madulas Account Management Department	Authoriser	Viewer	Verifi		Data Ent				
		eceivables M	anagement	Salary	Manageme	nt T	rade Fina	nce	
Mobile No:	Em	ail:							

STATUS	NEW TOKEN	Type of Token Required (please tick (√) one only based on the options below: Hardware Token Software Token										
	REPLACEMENT TOKEN *Kindly visit our website www.ibizrakyat.com.my for further information							nformation				
Name:												
MyKad / Passport No:												
User Group (select either one)												
Corporate Admin Maker Checker Authoriser Viewer Verifier Data Entry												
Modules Account Management Payable Management Receivables Management Salary Management Trade Finance												
Mobile No:			Email:									
								2				
STATUS	NEW TOKEN	Type of Tol	ken Required (please tio	ck (√) one	only bas	ed on the	options below:				
	DEDLA CEMENT TOWEN		Hardware Tok	en			Soft	ware Token				
	REPLACEMENT TOKEN	*Kindly vis	it our website	www.ibiz	rakyat.co	m.my for	further in	nformation				
Name:												
MyKad / Passport No:												
User Group (select ei	ither one)											
Corporate Admin	Maker Checker	Authoriser	Viewer		/erifier		ata Entry					
Modules	Account Management Payable	lanagement	Receivables N	Manageme	nt S	alary Man	agement [Trade Finance				
Mobile No:			Email:									
								3				
E. CONFIRMATION ON DE												
I/We hereby authorise to the transferee acco	e the bank to debit/charge the accou ount :	t below for i-b	izRAKYAT sub:	scription	fee, servi	ce agreei	ment/toke	en and credit				
eCurrent Account-i												
(i) Token RM100/Tok	cen X Un	t = Total RM										
						C	OMPANY S	ГАМР :				
Authorised Person Name:	Authorised Person Name:	Authorise Name:	d Person									
Date: F. FOR BRANCH TO COMP	Date:	Date:										
Verification by Branch Please ebclose the follow	ving:											
Branch has validated the current account to linked to i-bizRakyat as specify in Section B. (current account operating id for transaction service and current account revenue/sinking Fund/FSRA is for inquiry service only with BOD opening account)												
2. Branch has validated and verified that token fee is debited from customer's Operating Account only.												
3. To provide debit advice or receipt for payment of Token.												
4. Certified True Copy of additional photocopied documents provided by customers. (BOD opening account)												
We confirm the signature(s) and other particulars have been verified. (if applicable)												
Processing Officer/Brancl Name: Date	h Manager/Assistant Manager											

Please enclose certified true copy of photocopied MyKad / Passport of Authorised User(s) by either Company/Cooperative Society Director.

Please mail the completed form to: Cash Management Department