EXTERNAL USER ID ACCESS REQUEST FORM
(*Form B*)

PayNet

Log No: _____

Note: **1.** All fields are compulsory   **2.** Please write legibly & ☒ where applicable   **3.** Date format: dd/mm/yyyy

Section 1 (to be completed by Requestor-External User)

Name:	
Employee No:	
Identity Card No.:	
Designation/Department:	
Bank / Organization Name:	
Bank / Organization Address:	

	City:	Postcode:	
	State:	Country:	
Contact No. :	Email Address:		
Status:	☐ Permanent ☐ Temporary, From (Date):		To:

System/Application:

a. IBG / Direct Debit

☐ Payswitch Application
    ☐ IBG
    ☐ Direct Debit

☐ FI Report Server*
    ☐ IBG
    ☐ Direct Debit

* IP Address:_____
(Registered with TM and to be registered at PayNet Firewall)

b. DDA DMS

☐ Bank Approver
☐ Bank Enquiry

☐ FI Report Server*

* IP Address:_____
(Registered with TM and to be registered at PayNet Firewall)

c. FPX

☐ FI Report Server (Bank Only)

☐ FPX –TPA Webview

☐ FPX Webview* (BANK)
    ☐ Maker (Admin)
    ☐ Authorizer (Admin)

☐ FPX Webview* (MERCHANT)
    ☐ Maker (Admin)
    ☐ Authorizer(Admin)

*Exchange ID : **EX_____**

*Seller ID   : **SE_____**

* IP Address:_____
(Registered with TM and to be registered at PayNet Firewall)

d. JomPAY

BANK
Administrator
☐ Checker
☐ Maker

☐ FI Report Server*

BILLER
Administrator
☐ Checker
☐ Maker

☐ SMTP Server

* IP Address:_____
(Registered with TM and to be registered at PayNet Firewall)

e. CIT

☐ eService

☐ EWIDT

 IP Address:_____
(Registered with TM and to be registered at PayNet Firewall)

f. SAN / MyDebit Reports

☐ SFTP

IP Address:_____
(Registered with TM and to be registered at PayNet Firewall)

g. RPP

☐ ICS-XS

☐ UPF

IP Address:_____
(Registered with TM and to be registered at PayNet Firewall)

h. DLS / ECMS

☐ Domestic SAN	☐ Domestic SAN	☐ Domestic SAN	
☐ *Issuer*	☐ *Acquirer*	☐ *Beneficiary*	
☐ Maker	☐ Maker	☐ Maker	
☐ Authorizer	☐ Authorizer	☐ Authorizer	
☐ HOD	☐ HOD	☐ HOD	
☐ Cross-border (CBPOS)	☐ Cross-border	☐ Cross-border	☐ Switch Partner
☐ *Issuer*	☐ *Acquirer*	☐ *Beneficiary*	
☐ Maker	☐ Maker	☐ Maker	

☐ Authorizer	☐ Authorizer	☐ Authorizer
☐ HOD	☐ HOD	☐ HOD
☐ MyDebit	☐ MyDebit	
☐ *Issuer*	☐ *Acquirer*	
☐ Maker	☐ Maker	
☐ Authorizer	☐ Authorizer	
☐ HOD	☐ HOD	

i. RENTAS ☐ RENTAS iLINK ☐ RENTAS Mini

j. Others
Please specify: _____

☐ Public IP* ☐ MPLS IP

* IP Address:_____
(Registered with TM and to be registered at PayNet Firewall)

Environment: ☐ SIT ☐ UAT ☐ CRT ☐ Production ☐ Disaster Recovery

Request to:

☐ Create ID ☐ Delete/Revoke ID* ☐ Suspend/Disable ID* ☐ Activate/Enable/Unlock ID*

☐ Reset Password* ☐ Modify ID*

*please specify User ID: _____   *modify ID, specify the new profile: _____

Reason for request:

Signature: Date:

Approval (by Bank's Authorized Signatories)	
Request:	☐ Approved ☐ Not Approved *(Please indicate in remarks column below)* Remarks:
Name:	
Designation/Department:	
Contact No.:	Email Address:
Signature:	Date:

Section 2 (to be completed by PayNet)

Part A – For Business / System Owner Approval	**Part B – Head of IT Security Approval (If Applicable)**
Request: ☐ Approved ☐ Not Approved	**Request:** ☐ Approved ☐ Not Approved
Signature: _____	Signature: _____
Name: _____	Name: _____
Date: _____	Date: _____

Part C– System Access Control Administrator Action (Maker)	**Part D – System Access Control Administrator Review (Checker)**
Request: ☐ Completed ☐ Rejected	**Further Review:** ☐ Yes ☐ No
Signature: _____	Signature: _____
Name: _____	Name: _____
Date: _____	Date: _____