

TB SERVICE REQUEST MAINTENANCE FORM

Complete all sections and submit this form together with other supporting documents (where applicable) to the nearest branch. If you require assistance, please contact our Contact Centre at +603-21783188 or email us at AmAccesscare@ambankgroup.com. Please indicate N/A or strike out all unused section(s) in this form. Alteration is strictly not allowed. *Mandatory information

SECTION A - COMPANY INFORMATION																																			
Registered Name *	<input style="width: 95%;" type="text"/>																																		
Business Registration No. *	<input style="width: 95%;" type="text"/>																																		
SECTION B - DETAILS OF CONTACT PERSON																																			
Full Name (as in NRIC/Passport) *	Contact No. *	E-mail Address *																																	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>																																	
SECTION C - SERVICE REQUEST (where applicable please tick <input checked="" type="checkbox"/> in the check box provided below)																																			
<input type="checkbox"/> AACI (Inquiry) <input type="checkbox"/> AACP (Payment) <input type="checkbox"/> EIP (EIPP) <input type="checkbox"/> AAT (AmTrade) <input type="checkbox"/> CR (Collection Report) <input type="checkbox"/> MT (MT940/942) <input type="checkbox"/> JOMPAY																																			
<input type="checkbox"/>	Token Replacement (RM 80.00 per token)	Indicate Token Number: (Kindly return the faulty/damaged token(s) to AmBank together with this form.) <input style="width: 95%;" type="text"/>																																	
<input type="checkbox"/>	Add Additional Token (RM 80.00 per token)	Indicate Number of Token: <input style="width: 95%;" type="text"/>																																	
<input type="checkbox"/>	Add Account <input type="checkbox"/> Inquiry <input type="checkbox"/> Payment	Indicate Account Number: (Please also indicate the existing account number if it requires additional payment mode) <input style="width: 95%;" type="text"/>																																	
<input type="checkbox"/>	Remove Account	Indicate Account Number: <input style="width: 95%;" type="text"/>																																	
<input type="checkbox"/>	Add Payment Mode	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Payment Mode</th> <th style="width: 25%;">Debit Method</th> <th style="width: 45%;">Charges</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>SWIFT (FCY TT)</td> <td>Individual Debit</td> <td>RM10.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>IBG</td> <td>Individual / Consolidated Debit</td> <td>RM0.10</td> </tr> <tr> <td><input type="checkbox"/></td> <td>RENTAS</td> <td>Individual Debit</td> <td>RM2.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Banker's Cheque</td> <td>Consolidated Debit</td> <td>RM2.65</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Payroll IBG</td> <td>Consolidated Debit</td> <td>RM0.10</td> </tr> <tr> <td><input type="checkbox"/></td> <td>EIPP/ProCall (Direct Debit)</td> <td>Individual Debit</td> <td>RM2.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Statutory Payment (EPF, SOCSO/EIS, IRB)</td> <td>Consolidated Debit</td> <td>RM15.00</td> </tr> </tbody> </table>			Payment Mode	Debit Method	Charges	<input type="checkbox"/>	SWIFT (FCY TT)	Individual Debit	RM10.00	<input type="checkbox"/>	IBG	Individual / Consolidated Debit	RM0.10	<input type="checkbox"/>	RENTAS	Individual Debit	RM2.00	<input type="checkbox"/>	Banker's Cheque	Consolidated Debit	RM2.65	<input type="checkbox"/>	Payroll IBG	Consolidated Debit	RM0.10	<input type="checkbox"/>	EIPP/ProCall (Direct Debit)	Individual Debit	RM2.00	<input type="checkbox"/>	Statutory Payment (EPF, SOCSO/EIS, IRB)	Consolidated Debit	RM15.00
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<input type="checkbox"/>	Internal Fund Transfer (MYR & FCY)	Individual Debit	Waived																																
<input type="checkbox"/>	DuitNow	Individual Debit	RM0.50																																
<input type="checkbox"/>	JomPAY	Individual Debit	Waived																																
<input type="checkbox"/>	Payroll IFT	Consolidated Debit	Waived																																
<input type="checkbox"/>	ZAKAT	Consolidated Debit	Waived																																
<input type="checkbox"/>	EIPP/ProCall (Floor Stock/Floor Plan)	Individual Debit	Waived																																
<input type="checkbox"/>	Add Statutory Employer Ref. No.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Statutory Body</th> <th style="width: 60%;">Employer Ref. No.</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>EPF</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>IRB</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>SOCSSO/EIS</td> <td><input style="width: 95%;" type="text"/></td> </tr> </tbody> </table>			Statutory Body	Employer Ref. No.	<input type="checkbox"/>	EPF	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	IRB	<input style="width: 95%;" type="text"/>	<input type="checkbox"/>	SOCSSO/EIS	<input style="width: 95%;" type="text"/>																				
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<input type="checkbox"/>	MT940/942 Request	Destination Bank Name & Swift Code 1 : <input type="checkbox"/> MT940 <input type="checkbox"/> MT942	<input style="width: 95%;" type="text"/>																																
		AmBank Account Name & Acc No.1 : <input type="checkbox"/> MT940 <input type="checkbox"/> MT942	<input style="width: 95%;" type="text"/>																																
<input type="checkbox"/>	Profile Update: Change in Address/ Company Name/ Contact	<input style="width: 95%;" type="text"/>																																	
<input type="checkbox"/>	Termination of Service(s) Request	Indicate Reason for Termination: (Kindly return the token(s) to AmBank together with this form.) <input style="width: 95%;" type="text"/>																																	
<input type="checkbox"/>	Others (indicate if any)	<input style="width: 95%;" type="text"/>																																	

SECTION D - DECLARATION BY CUSTOMER

By signing below, I/we hereby confirm that I/we am/are authorised to act for and on behalf of the Company/Association/Club/Society to apply for the above service(s). I/We confirm that the information given herein is accurate, true, complete and not misleading, and will immediately inform AmBank/AmBank Islamic of any changes to the same. I/We acknowledge that I/we remain bound by all transactions effected through the services whether or not the named users of the services are the account signatories, and shall not hold AmBank/AmBank Islamic liable for acting based on information provided herein. I/we hereby confirm that the provision of the services to the Company/Association/Club/Society shall be governed by the Master Services Terms and Conditions and/or Master Services Agreement (as the case may be) between the Company/Association/Club/Society and AmBank/AmBank Islamic, any applicable service schedule or user guide, and the General Terms & Conditions of Accounts and Services in force from time to time.

 1) Full Name (as in NRIC/Passport) *

Designation *

 2) Full Name (as in NRIC/Passport) *

Designation *

NRIC/Passport No. *

Date *

NRIC/Passport No. *

Date *