

User Guide
External User
ID Access Request
Form



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

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)

Mandatory for customers to fill in the details

Name:	Lee Chong Wei	
Employee No:	10030XXX	
Identity Card No.:	990909-09-XXXX	
Designation/Department:	Web Developer	
Bank / Organization Name:	DUMMY AND CO	
Bank / Organization Address:	NO 88 JALAN KOTA PERMAI, TAMAN KOTA PERMAI	
	City: BUKIT MERTAJAM	Postcode: 14000
	State: PULAU PINANG	Country: MALAYSIA
Contact No. :	019 999 XXXX	Email Address: leechongwei@xxxx.com
Status:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary, From (Date): _____ To: _____	

If Customers select "Temporary", required to fill in (From & to) Dates. If Permanent Only from Date required.

System/Application:

a. IBG / Direct Debit

<input type="checkbox"/> Payswitch Application	<input type="checkbox"/> IBG Report Server	* IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)
<input type="checkbox"/> IBG	<input type="checkbox"/> IBG	
<input type="checkbox"/> Direct Debit	<input type="checkbox"/> Direct Debit	

Please complete the relevant section i.e FPX, JomPAY

b. DDA DMS

<input type="checkbox"/> Bank Approver	* IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)
<input type="checkbox"/> Bank Enquiry	

Please select FPX Webview (Merchant) and ONLY one Admin type. If you wish to apply for both, please submit separate form.

c. FPX

<input type="checkbox"/> FI Report Server (Bank Only)	<input type="checkbox"/> FPX Webview* (BANK)	<input checked="" type="checkbox"/> FPX Webview* (MERCHANT)
<input type="checkbox"/> FPX -TPA Webview	<input type="checkbox"/> Maker (Admin)	<input checked="" type="checkbox"/> Maker (Admin)
	<input type="checkbox"/> Authorizer (Admin)	<input type="checkbox"/> Authorizer (Admin)

*Exchange ID : **EX** _____
*Seller ID : **SE** _____

d. JomPAY

BANK Administrator <input type="checkbox"/> Checker <input type="checkbox"/> Maker	BILLER Administrator <input type="checkbox"/> Checker <input checked="" type="checkbox"/> Maker	* IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)
	<input type="checkbox"/> SMTP Server	

Mandatory for customers update this information.

Please select ONLY one Admin type. If you wish to apply for both, please submit separate form.

<input type="checkbox"/> eService	<input type="checkbox"/> EWIDT	IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)
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f. SAN / MyDebit Reports

<input type="checkbox"/> SFTP	IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)
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g. RPP

<input type="checkbox"/> ICS-XS	<input type="checkbox"/> UPF	IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)
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h. DLS / ECMS

<input type="checkbox"/> Domestic SAN <input type="checkbox"/> Issuer <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> Cross-border (CBPOS) <input type="checkbox"/> Issuer	<input type="checkbox"/> Domestic SAN <input type="checkbox"/> Acquirer <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> Cross-border <input type="checkbox"/> Acquirer	<input type="checkbox"/> Domestic SAN <input type="checkbox"/> Beneficiary <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> Cross-border <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Switch Partner
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<input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> MyDebit <input type="checkbox"/> Issuer <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD	<input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> MyDebit <input type="checkbox"/> Acquirer <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD	<input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD
i. RENTAS <input type="checkbox"/> RENTAS iLINK <input type="checkbox"/> RENTAS Mini		
j. Others Please specify: _____ <input type="checkbox"/> Public IP* <input type="checkbox"/> MPLS IP * IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)		
Environment: <input type="checkbox"/> SIT <input checked="" type="checkbox"/> UAT <input type="checkbox"/> CRT <input checked="" type="checkbox"/> Production <input type="checkbox"/> Disaster Recovery		
Request to: <div style="background-color: #4a86e8; color: white; padding: 2px; display: inline-block; margin: 5px;">Please mark (x) UAT and Production only</div> <input checked="" type="checkbox"/> Create ID <input type="checkbox"/> Delete/Revoke ID* <input type="checkbox"/> Suspend/Disable ID* <input type="checkbox"/> Activate/Enable/Unlock ID* <input type="checkbox"/> Reset Password* <input type="checkbox"/> Modify ID* *please specify User ID: _____ *modify ID, specify the new profile: _____		
Reason for request: 		
Signature: _____		Date: _____
Approval (by Bank's Authorized Signatories)		
To be filled and signed by Ambank's authorized personnel.		
Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (Please indicate in remarks column below)	
Name:	Remarks:	
Designation/Department:		
Contact No.:	Email Address:	
Signature:	Date:	

Section 2 (to be completed by PayNet)

Part A – For Business / System Owner Approval

Request: Approved Not Approved

Signature: _____

Name: _____

Date: _____

Part B – Head of IT Security Approval (If Applicable)

Request: Approved Not Approved

Signature: _____

Name: _____

Date: _____

Part C– System Access Control Administrator Action (Maker)

Request: Completed Rejected

Signature: _____

Name: _____

Date: _____

Part D – System Access Control Administrator Review (Checker)

Further Review: Yes No

Signature: _____

Name: _____

Date: _____