

**affinOnline.com**  
**CORPORATE INTERNET BANKING APPLICATION FORM**

DATE OF APPLICATION:             

SERVICE REQUIRED (tick ✓):    INQUIRY                          TRANSACTION   

Please complete this form in CAPITAL LETTERS and submit to our **branch**, where you maintain your company's Current Account. Please ensure you have attached together all the necessary supporting document(s) listed in the application checklist below :

- Complete Corporate Internet Banking Application Form
- Photocopy of NRIC / Passport for all System Administrators, System Authorisers and Authorised Signatories
- Company Board of Directors Resolution (Private & Public Ltd)
- Company Board of Directors Resolution of Subsidiary (To link Subsidiary Company)
- Letter of Authority (For Partnership / Association / Club / Professional Body / Government)
- Latest minutes of meeting (For Association / Club / Society)
- Letter of Indemnity (For Sole Proprietor)

**A. COMPANY INFORMATION**

Company Name : \_\_\_\_\_  
 Business Registration Number : \_\_\_\_\_  
 Company Telephone Number : \_\_\_\_\_ Fax Number : \_\_\_\_\_  
 Company Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. CONTACT PERSON(S) DETAILS**

<b>Primary Contact</b>		<b>Secondary Contact</b>	
Name (Mr. / Mrs. /Ms.)	: _____	Name (Mr. / Mrs. /Ms.)	: _____
Designation	: _____	Designation	: _____
Tel / Mobile Number	: _____	Tel / Mobile Number	: _____
Fax Number	: _____	Fax Number	: _____
E-mail	: _____	E-mail	: _____

**C. AUTHORISED COMPANY ACCOUNT(S)**

(Example: Current Account, Group Fixed Deposit, Loan Account & etc)

ACCOUNT NUMBER(S)	ACCOUNT NAME(S)	please tick (✓) where applicable	
1. <input type="text"/>	_____	<input type="checkbox"/> Principal	<input type="checkbox"/> Subsidiary
2. <input type="text"/>	_____	<input type="checkbox"/> Principal	<input type="checkbox"/> Subsidiary
3. <input type="text"/>	_____	<input type="checkbox"/> Principal	<input type="checkbox"/> Subsidiary
4. <input type="text"/>	_____	<input type="checkbox"/> Principal	<input type="checkbox"/> Subsidiary

**Bulk Payment Debiting Account for Corporate IBG and Autopay**

\_\_\_\_\_

\*NOTE : Please contact your Branch for Account Number(s) inquiry.  
 Please provide Board of Directors Resolution from each subsidiary (if any) for allowing the linking of subsidiary's account(s) to the principle account.  
 Please make copies of this page / provide appendix for accounts more than the listed above.



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**F. DECLARATION**

I/We/Representative of the Organisation am/are authorised to apply for the above affinOnline.com Service and enclose herewith the details of the person(s) authorised to hold access and hereby give consent to each authorised person the right to operate the affinOnline.com Service for and on behalf of the Organisation. I/We/Representative of the Organisation hereby agree and undertake to indemnify you and at all times keep you fully and completely indemnified from and against all claims and demands, actions and proceedings, losses and expenses including legal costs as between solicitor and own client and all other liabilities of whatsoever nature or description which may be made or taken or incurred or suffered by you in connection with or in any manner arising out of the said authorisation given by me/us. I/We further agree that my/our liabilities shall be a continuing liability and shall remain in full force and effect until my/our liabilities if any is fully discharged to your satisfaction. I/We irrevocably and unconditionally agree to be bound by the Terms and Conditions of Access to the affinOnline.com Service. I/We hereby declare that there is no change to my/our latest mandate for operation of the account(s) to you. In the event of a change in the constitution of the Organisation or a change in mandate, I/we undertake to notify you forthwith and shall immediately terminate the above service in the manner provided in the Terms and Conditions. In the event of any failure on my/our part to inform you promptly of any changes in the constitution of my/our firm, I/we shall not hold you liable for any losses or damages suffered by me/us and I/we undertake that I/we shall at all times thereafter indemnify you (your successors in title and assigns) in full and keep you fully indemnified against all liabilities arising thereof and against all actions, suits, proceedings, demands, damages and any expenses whatsoever which maybe taken or made against you or incurred by you arising therefrom.

**Applicable Where Account is Held by Association, Club or Society.**

In addition to the above terms and condition, I/We, the representative of the Organisation, irrevocably and unconditionally agree that the Bank shall make available the use of the affinOnline.com Service to the Organisation's authorised users until receipt of a notice by the Bank from me/us on behalf of the Organisation or any other party or by any other means howsoever of the Organisation's suspension, cancellation and/or de-registration. Upon receipt of any such notice as aforesaid, I/we hereby agree that the Bank shall be entitled at its sole and absolute discretion to terminate the affinOnline.com Service. The said notice shall not affect any transactions performed and/or effected prior to the Bank's receipt of the aforesaid notice. I/We/Representative of the Organisation hereby irrevocably and unconditionally agree to be bound by the Terms and Condition of Access to the affinOnline.com Service and such other terms and conditions and any amendments thereto made by the Bank from time to time. I/We/Representative of the Organisation hereby authorise the Bank to debit my/our the designated active account specify in this form for any service charge or administrative charges incurred under or pursuant to the affinOnline.com Service.

In consideration of your agreement to accept all our transactions via your Corporate Internet Banking (CIB) by ourselves with authentication, we hereby irrevocably undertake to accept full responsibility for any errors or omissions resulting from the service and to hold you harmless and indemnified against all actions, proceedings claims and demands whatsoever which may hereafter be brought against you arising out of or in connection with the acceptance and application and from all costs and expenses of whatever kind in connection therewith excepting however all matters arising out of or in connection with willful misconduct and or gross negligence on your part including your servants, employees and agents.

I/We further hereby agree that the Virtual Card and Internet Banking Pin Mailer generate by the Bank shall not be revealed, disclosed or compromised in any manner whatsoever and that the Bank shall dully be indemnified against any losses, cost, damages or expenses incurred. I / We hereby authorise the bank to debit the designated active account as specify in this form for registration fee, subscription fee, administrative charges, taxes, premiums, costs and expenses chargeable by the bank to us as per the provisions herein. A statement issued by the bank as the amount owing to the bank is final, conclusive and binding on us. I/We/Representative of the Organisation hereby agree and acknowledge that, to protect the interests of the Organisation, the authorised person to effect any payment to anythird party whosoever, for and on behalf of the Organisation under the affinOnline.com Service, shall hold a Token. I/We further irrevocably agree to indemnify you in full against all liabilities and all actions, suits, losses, claims, proceedings, demands, damages, costs and any expenses whatsoever or howsoever arising and/or incurred and/or sustained by you arising out of or in connection with any instructions given or purported to be given by the authorized person(s).

**Transaction Limit Per Day (RM)** :

**Subscription Fee Debiting Account (designated active account)** :

**Number(s) to assign \*Security Token** :

\* Cost of each token (RM 150.00) is non-refundable

Authorised Person(s) signature as per Board Resolution (or as such other document acceptable to the Bank) for operation of current accounts for banking transactions.

No	Name	NRIC / Passport	Designation	Signature

**Condition of Authorisation :-**

Any One to Authorise  Any Two to Authorise  All to Authorise  Others : \_\_\_\_\_

OFFICIAL COMPANY  
STAMP

NOTE : Please provide a copy of NRIC / Passport No. for each person above.

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**G. FOR BUSINESS UNIT USE ONLY**

Introduced By :

Head of Department :

\_\_\_\_\_  
(Signature / Name Stamp & Date)

PS No:

\_\_\_\_\_  
(Signature / Name Stamp & Date)

PS No:

**Note** : Kindly submit the duly completed CIB application form and documents to branch, where customer's maintain their company Current Account.

**H. FOR BRANCH USE ONLY**

*All fields are mandatory.*

Branch Code : \_\_\_\_\_ Bulk Payment Debiting Account Number : \_\_\_\_\_

Company CIF Number : \_\_\_\_\_ EFT Account Number : \_\_\_\_\_

Corporate Code : \_\_\_\_\_ Sweep Maintenance :  (tick ✓)

Charges : Subscription Fee: RM 20 per month

Security Token : RM 150 X \_\_\_\_\_ unit (s) = RM \_\_\_\_\_

Interbank : RM \_\_\_\_\_ Rentas : RM \_\_\_\_\_

**Applicable for Waiver**  
Please provide justification  
(i.e. : attach email/memo)

Campaign Code (if any) : \_\_\_\_\_

Campaign Name (if any) : \_\_\_\_\_

Remark(s) : \_\_\_\_\_

We hereby confirm that all signature(s) and other particulars in this form have been verified by us against the relevant document(s)

Attended By :

Approved By :  
Branch Manager / Manager Branch Services

\_\_\_\_\_  
(Signature / Name Stamp & Date)

PS No:

\_\_\_\_\_  
(Signature / Name Stamp & Date)

PS No:

Date of Submission to Head Office :

**Note** : Kindly FAX the complete CIB Application Form to Cash Management Department.

Fax No: 03 2026 4802/03 2026 7569

**I. FOR HEAD OFFICE USE ONLY**

Upon Receipt of CIB Application Form

Maintenance Received On : \_\_\_\_\_

Corporate Registration  (tick ✓) Date : \_\_\_\_\_

Token Serial No : (i) \_\_\_\_\_ (ii) \_\_\_\_\_

(iii) \_\_\_\_\_ (iv) \_\_\_\_\_

Attended By :

Authorised By :

\_\_\_\_\_  
(Signature/Name Stamp & Date)

PS No :

\_\_\_\_\_  
(Signature/Name Stamp & Date)

PS No :

Upon Token Activation

Letter Offer & Branch Memo Received On : \_\_\_\_\_

Token Binding  (tick ✓) Date : \_\_\_\_\_

Attended By :

Authorised By :

\_\_\_\_\_  
(Signature/Name Stamp & Date)

PS No :

\_\_\_\_\_  
(Signature/Name Stamp & Date)

PS No :