AFFIN BANK
AFFIN BANK BERHAD (25046-T)

AFFIN ISLAMIC
AFFIN ISLAMIC BANK BERHAD (709506-V)

affinOnline.com
CORPORATE INTERNET BANKING (CIB) MAINTENANCE FORM

This form is only meant for EXISTING affinOnline.com (Corporate Internet Banking) subscriber.

Please complete this form in CAPITAL LETTERS and submit to our branch, where you have maintained your company's Current Account.

DATE OF APPLICATION: ☐☐ ☐☐ ☐☐☐☐

Select the Maintenance service(s) required (You may select more than one item):

MAINTENANCE SERVICES	PART(S) TO BE COMPLETED
☐ Reset Password for Corporate System Administrator / System Authoriser	A, B and J
☐ Upgrade Inquiry Package to Transaction Package	A, C, D (if applicable), E, F, G, H (if applicable) and J
☐ Downgrade Transaction Package to Inquiry Package	A, C and J
☑ Add / Delete Corporate System Administrator / System Authoriser	A, D and J
☐ Increase / Decrease Corporate Daily Limit	A, E and J
☐ Replacement / Add / Delete Security Token	A, F and J
☐ Update Employer's Reference Number for EPF / SOCSO / LHDN	A, G and J
☐ Add / Delete Authorised Company Account(s)	A, H and J
☐ Amendment of Contact Person	A, I and J

A. COMPANY INFORMATION (mandatory)

Company Name : Nimbuzz Solution Sdn Bhd
Business Registration Number : 1186289P
Contact Person : Ruben
Telephone / Mobile Number : 0169862134

B. RESET PASSWORD FOR CORPORATE SYSTEM ADMINISTRATOR / SYSTEM AUTHORISER (if applicable)

Please tick (√) where applicable:

1. System Administrator ☐ **System Authoriser** ☐

User ID : _____ **Telephone / Mobile Number** : _____ ☐ **Update**

Name : _____ **NRIC / Passport Number** : _____

Signature : _____

2. System Administrator ☐ **System Authoriser** ☐

User ID : _____ **Telephone / Mobile Number** : _____ ☐ **Update**

Name : _____ **NRIC / Passport Number** : _____

Signature : _____

***NOTE** : *Please make copies of this page / provide appendix if Corporate System Administrator / System Authoriser user(s) are more than two persons.*

C. UPGRADE / DOWNGRADE CIB PACKAGE (if applicable)

Please tick (√) where applicable:

Upgrade to Transaction ☐ **Downgrade to Inquiry** ☐ *(Cost of each token (RM150.00) is non-refundable)*

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

Bulk Payment Debiting Account for Corporate IBG and Autopay : ☐☐☐☐☐☐☐☐☐☐☐☐

***NOTE** : *Please provide Addendum Company Board Resolution / Letter of Authority / latest Minutes of Meeting / Letter of Indemnity for upgrade or downgrade of CIB package.*

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D. ADD / DELETE CORPORATE SYSTEM ADMINISTRATOR / SYSTEM AUTHORISER (if applicable)

Please tick (√) where applicable:

1. System Administrator ☑ **System Authoriser** ☐ **Add** ☐ **Delete** ☐

Name : Dhivya Kanthaiyah **NRIC / Passport Number** : 860930335422

Designation : Administrator **E-mail** : dhivya@nimbuzzsolution.com

Contact No : **(Office)** _____

(Mobile) 0169862133 **Signature** : _____

Virtual Card Number : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ (For Branch Use Only)

2. **System Administrator** ☐ **System Authoriser** ☐ **Add** ☐ **Delete** ☐

Name : _____ **NRIC / Passport Number** : _____

Designation : _____ **E-mail** : _____

Contact No : **(Office)** _____

(Mobile) _____ **Signature** : _____

Virtual Card Number : ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ (For Branch Use Only)

***NOTE** : *Please provide Addendum Company Board Resolution / Letter of Authority / latest Minutes of Meeting / Letter of Indemnity to add/delete Corporate System Administrator / System Authoriser.*
*Please ensure that System Administrator and System Authoriser is not the **same person**.*
Please provide a copy of NRIC / Passport for each newly appointed person above.

E. INCREASE / DECREASE CORPORATE DAILY LIMIT (if applicable)

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

***NOTE** : *Please provide Addendum Company Board Resolution / Letter of Authority / latest Minutes of Meeting / Letter of Indemnity to increase Corporate Daily Limit.*

F. REPLACEMENT / ADD / DELETE OF SECURITY TOKEN (if applicable)

Please tick (√) where applicable:

1. **Number(s) of Security Token to assign:** ☐☐ ☐ **Add** ☐ **Replacement**
2. **Token Serial Number:** ☐☐☐☐☐☐☐☐☐☐ : ☐ **Activate** ☐ **Delete**

G. UPDATE EMPLOYERS REFERENCE NUMBER

EPF Ref. Number : _____ **Debiting Account** : ☐☐☐☐☐☐☐☐☐☐☐☐

SOCSO Ref. Number : _____ **Debiting Account** : ☐☐☐☐☐☐☐☐☐☐☐☐

LHDN Ref. Number : _____ **Debiting Account** : ☐☐☐☐☐☐☐☐☐☐☐☐

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H. ADD / DELETE AUTHORISED COMPANY ACCOUNT(S) (if applicable)

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

	ACCOUNT NUMBER(S)		ACCOUNT NAME(S)	Please tick (√) where applicable:
1.		(Add / Delete)		☐ Principal ☐ Subsidiary
2.		(Add / Delete)		☐ Principal ☐ Subsidiary
3.		(Add / Delete)		☐ Principal ☐ Subsidiary
4.		(Add / Delete)		☐ Principal ☐ Subsidiary

***NOTE** : Please provide Authorisation Letter (duly signed by CIB Authorised Signatory) to add / delete Principal Account and Subsidiary Account. Please make copies of this page / provide appendix for accounts more than the listed above.*

I. AMENDMENT OF CONTACT PERSON (if applicable)

No	Name (Mr / Mrs / Ms) & Designation	Tel / Mobile Number	E-mail	Please tick (√) where applicable
				Add ☐ Remove ☐
				Add ☐ Remove ☐

J. SIGNED FOR AND ON BEHALF OF THE COMPANY (mandatory)

The Authorised Signatory shall be the person(s) currently authorised to operate the affinOnline.com (Corporate Internet Banking) as per CIB Board of Director Resolution / Letter of Authority / latest Minutes of Meeting / Letter of Indemnity and Application Form.



Authorised Signatory on behalf of the company
Name: Rubena Mohan Vengadraman
NRIC / Passport: 830718065245
Designation: Director
Date: 27/11/2018

Authorised Signatory on behalf of the company
Name:
NRIC / Passport:
Designation:
Date:

Authorised Signatory on behalf of the company
Name:
NRIC / Passport:
Designation:
Date:

Authorised Signatory on behalf of the company
Name:
NRIC / Passport:
Designation:
Date:

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K. FOR BUSINESS UNIT USE ONLY

Introduced By :

_____
(Signature / Name Stamp & Date)
PS No:

Head of Department :

_____
(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.

L. FOR BRANCH USE ONLY

All fields are mandatory.

Branch Code : _____

Company CIF Number : _____

Corporate Code : _____

Bulk Payment Debiting Account Number : _____

EFT Account Number : _____

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 :

_____
(Signature / Name Stamp & Date)
PS No:

Approved By :
Branch Manager Services

_____
(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

M. 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 :

_____
(Signature/Name Stamp & Date)
PS No :

Authorised By :

_____
(Signature/Name Stamp & Date)
PS No :

Upon Token Activation

Letter Offer & Branch Memo Received On : _____

Token Binding ☐ **(tick √) Date :** _____

Attended By :

_____
(Signature/Name Stamp & Date)
PS No :

Authorised By :

_____
(Signature/Name Stamp &Date)
PS No :