



Customer details Registered name		Organisation ID
vogistered name		
Contact person		
Mobile number	Office number	Email address
oken / password request		
Re-issue password	User name	
Defective token	User name	Token serial number
Loss of token Token fee of RM50 will be charge	User name	
Add / edit authorised user	eq i	
Authorised user 1		
Name as per NRIC		
Mobile number and email address a Mobile number	is mandatory for Basic Plus service package Email address	
This service request is for	A Issue token?	B What this user can do?
Select one	► Token fee of RM50 will be charged □ Yes □ No	☐ View statement
☐ Add user ► Complete A &	B ☐ Yes ☐ No	Create transactions
☐ Edit user ► Complete ■		☐ Approve transactions ☐ Create & approve transactions ► Applicable to Basic Plus service package only
	is mandatory for Basic Plus service package	
Mobile number	Email address	
This service request is for	A Issue token?	B What this user can do?
► Select one □ Add user ► Complete A &	► Token fee of RM50 will be charged ☐ Yes ☐ No	☐ View statement ☐ Create transactions
Add user Complete &	LI 163	Approve transactions
☐ Edit user ► Complete ☐		Create & approve transactions Applicable to Basic Plus service
		package only
Delete authorised user		package only
Delete authorised user		package only

Upda	ate acc	ounts						
Add	Delete			Add	Delete			
		Account 1	Currency			Account 3	Currency	
		Account 2	Currency			Account 4	Currency	
Upda	ate con	tact person						
Add Delete		Name as per NRIC						
		Mobile number	Office number	ſ		Email address		
		Name as per NRIC						
		Mobile number Office number		ŗ		Email address		
_	reemer	nt ned by person(s) authorised to ap	oply for banking serv	rices				
To O	CBC BAN	IK(MALAYSIA) BERHAD and O	CRC AL-AMIN RAI	JK REE	PHAD ("B	ank"\		
("CR/maint our control our con	As") with watenance as consent an enace have proportised Per them (i) to ned their case Banks' as' Privacy	whom the Banks conducts credind for the Banks' risk management of the purpose of such disclosure vided data of other individuals surson(s), Authorised Signatory(ies or disclose their personal data to the consent for the relevant CRAs to risk management and review; (i	t checks to disclose ent and review. The to the relevant cred uch as my / our direc) and Authorised Us the Banks; (ii) for the disclose their credit ii) for the Banks to	my / o Banks it report ctors, sh ers for Banks report/idisclose	ur credit re are hereb ting agency nareholders this application verification of their pers	fined under the Credit Reporting Age eport / information to the Bank for the yauthorised but is under no obligation (ies). Is, relevant managers, partners, office ation, I / we confirm that I / we have upon of their personal data with credit ago to the Banks for the purpose of this sonal data to classes of third parties licy posted on the Banks' website and	bearers, office betained congencies and I maintenance described in	
Sigr	nature		Signature			Signature		
Autho	orised per	son	Authorised person			Authorised person		
Name	Name as per NRIC Nam		Name as per NRIC			Name as per NRIC		
Date	► DD/MN		Date ► DD/MM/YY			Date ► <i>DD/MM/YY</i>		
		Complete and return this form	to your nearest OCL	 RC bran				
		Complete and return this form		JO DI all	ich. Your re	equest will be completed within 5 busi	iness days	
			For ba	ınk's us				
	nded by / c		For ba			equest will be completed within 5 busi		
	nded by / d	date (ınk's us				