

MBSB Bank Corporate Internet Banking (CIB) Registration Form - Inquiry

CIF No.: _____
(For Bank Use)

Downgrade from Transactional Package (only for existing customer)

Business Details (Mandatory Fields)			
Business Name		Business Registration No.	
Business Mailing Address <small>* Please contact your Branch of Account for change of Business Mailing Address</small>	PLEASE DO NOT USE P.O. BOX This mailing address is used to deliver ID and Token(s).		
Company ID (Choice is subject to availability and The Bank reserves the right to re-assign another ID without informing)	<input type="text"/>	Business email (All reports will be sent to this email. You may include more than ONE email)	Mandatory Field
Contact Person Name		Contact No.	

MBSB Bank Corporate Internet Banking		Inquiry
Account Information (Account and Trade Inquiry)		Y
No. of Security Tokens required (For Company Users to login excluding Company Administrators nominated below).		<input type="text"/>
Fee	This is the monthly charges for the Inquiry Service Package	RMxxx (Inclusive of SST) per month
	This is the charge for each Security Token issued. The 1 st 2 Security tokens are issued FOC including the Security Token(s) for the Company Administrator(s) nominated in Section B below	RMyyy.00 (Inclusive of SST) per Security Token
Debit Fee from this Subscription Account No. (This Subscription Account is used to debit all subscription fees, administration & service charges(cost of Security Token(s)) relating to use of MBSB Bank Corporate Internet Banking		<input type="text"/>

Section A : Accounts Linkage (Default to "All Accounts" (Opened with MBSB Bank as at date of this application) if no Account No. is provided)

[Please tick (√)]
 All Accounts (including Trade Accounts, if any)

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
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Section B : Company Administrators

[Please tick (√) ONE Only] : Single Control (Singly approve administrative functions) Dual Control (Jointly approve administrative functions)
 Note : This is the default setup for Sole-Proprietorship

Administrator's Name (as per MyKad) And MyKad Number (Mandatory Fields)	Login ID	Administrator's Email Address & Handphone Number	Signature
1. Mandatory Field	<input type="text"/> Alpha and/or Numeric	Mandatory Field	
<input type="text"/>	CIF No.: _____ (For Bank Use only)	<input type="text"/>	
2. Mandatory Field	<input type="text"/> Alpha and/or Numeric		
<input type="text"/>	CIF No.: _____ (For Bank Use only)	<input type="text"/>	

I/We hereby apply for the services of MBSB Bank Corporate Internet Banking Service as set out above. I/We agree to abide and be bound by the terms and conditions governing the MBSB Bank Corporate Internet Banking Service including any amendments, supplements and additions thereto made from time to time by the Bank, which terms and conditions are available at all the Bank branches and at www.mbsbbank.com. I/We confirm that the person(s) whose information appear in the Company Administrators sections above and/or in other letter(s) of instruction is/are authorized to perform and effect the above services opted by me/us at any time and from time to time for and on my/our behalf in relation to the abovementioned account(s). I/We confirm that the abovementioned Company Administrators have sufficient authority and effect all transactions of such services for and on our behalf and all such transactions shall be binding and conclusive on me/us. I/We confirm that all the information provided herein is true and accurate to the best of my/our knowledge as at the date of this application. I/We authorize MBSB Bank to debit all subscription fees, administrative and services charges, taxes and levies relating to my/our application and/or use of MBSB Bank Corporate Internet Banking Service from the Subscription Account as specified above. I/We hereby confirm that I/we have received, read, understood and agreed to be bound by the Privacy Notice issued by MBSB Bank as may relate to the processing of my/our personal data.

Authorized by _____
Name:..... Date : _____

Authorized by _____
Name:..... Date : _____

Authorized by _____
Name:..... Date : _____

For Bank Use	For Bank Use
Attending Officer Name : _____	
Attending Office Contact No. : _____	
Verified by : _____	Approved by : _____