

## MBSB Bank Corporate Internet Banking Information Update / Reset Password Form

Please send the completed form either:1) to the nearest MBSB Bank Branch.2) via mail to e-Channel Management Department at MBSB Bank.....

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3) via e-mail at .....@mbsbbank.com

Part 1. Business Particulars				
Business Name				
Business Registration No.				
Part 2. CIB Full Access Activation				
<ul> <li>NOTE:</li> <li>(I) You need to have an existing MBSB Bank Corporate Internet Banking access before applying for this service.</li> <li>(II) By applying for this service, you will be given full access to all services in MBSB Bank Corporate Internet Banking including but not limited to funds transfers, bill payments and user information update.</li> </ul>				
[Please tick $()$ ]				
Full Corporate Internet Banking Access				
Part 3. Reset Password for MBSB Bank Corporate Internet Banking only				
<ul> <li><u>IMPORTANT:</u> <ul> <li>(I) For added security in addition to your current User ID and Password required upon login for Retail Internet Banking, you'll be asked for an approval that will be sent to you via your Token or when performing transactions.</li> </ul> </li> </ul>				
[Please tick $()$ ] Please reset the password for MBSB Bank Corporate Internet Banking				
Part 4. Linking / De-Linking My Account(s) [Please tick ( $$ ) the 'Link' or 'De-Link' column against each of your stated account]				
Link     Delink     Delink     Column against cach of your stated accounty				
Part 5: Termination of MBSB Retail Internet Banking Service [Please tick ( $$ )]				
Termination of Corporate Internet Banking Service				

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Part 6. Declaration			
By signing below, I/We confirm th	at :-		
• I/We have read, understood	l and agreed to be bound by the Terms a nts made to the CIB T&C from time to tir		1 0 1
Corporate Internet Banking. expenses which MBSB Bank	I/We agree to hold MBSB Bank harmless may sustain, suffer or incur due to MBSB I	and indemnify MBSB Bank aga Bank acting in accordance with	y transaction effected through the MBSB Bank ainst all losses, costs, damages, charges and my instruction in this form; Bank as may relate to the processing of my/our
poroonal anal			
	orized Signatory and Chop	Da	ate
Part 7. For Bank Use			
Action by Branch [Please tick $(\sqrt{)}$ ]		Action by e-Channel	Management Department
Checklist MyKac Receipt Mode OTC	d Verified Signature Verified Mailer / e-Mail		
Accepted by Name: Date:	Verified by Name: Date:	Verified by Name: Date:	Approved by Name: Date:
Verified by	Approved by		
Name: Date:	Name: Date:		

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