

SINGAPORE

Package Option (Tick ✓ one only)

View Only

View and Transact

Approval Mandate

Applicable to transactions of any amount executed through BizChannel@CIMB

Any 1 Approver

Any 2 Approvers

Authorised Users

User ID (Minimum 8-12 digits, alpha numerical)	Full Name / Position (as per ID / Passport)	Mobile No.	Email Address	Role (Please tick (✓) if applicable)		
				Viewer	Maker	Approver

Note:

- A security device will be issued to each User ID stated above.
- For the Transaction module, separate User ID's are required for 1 Maker and 1 Approved as individual transactions cannot be created and approved using the same User ID.

Declaration by Applicant

By signing this application form, I / we hereby:

- Confirm that I / we have read and understood the BizChannel@CIMB / Electronic Banking Service Terms and Conditions including the Personal Data Protection Terms and Conditions (Corporate), and agree to be bound all the terms therein and any amendment or variation thereof.
- Confirm that I / we have read and understood the terms defined and references construed in the BizChannel@CIMB / Electronic Banking Service Terms and Conditions shall have the same meaning and construction in this application form unless otherwise defined.
- Confirm that all of the information stated in this application form is true and accurate as at the date of this application.
- Appoint and give the rights to the designated Corporate Administrators to administer BizChannel@CIMB usage on behalf of me / us.
- Authorise the Bank to issue Corporate ID, User ID, Password and Security Device to the Corporate Users.
- Authorise the Bank to debit all fees relating to my / our application and / or use of the BizChannel@CIMB Service from the designated debit account.
- Agree to return all the devices, equipment and / or application / program (if any) to the bank as mentioned in the BizChannel@CIMB Terms and Conditions.
- Agree that if Account for debiting of fees / charges is not indicated, the Bank will set any CIMB SGD Current Account held by the Applicant as the designated account.
- I / We understand that It is not required to provide Mailing Address as the mailing address that is provided during my / our account opening will be used by default.

Signed for and on behalf of

Name

Date

Authorised Person

Signed for and on behalf of

Name

Date

Authorised Person

IMPORTANT NOTE: Any page or attachment accompanying this form must be signed by the Authorised Person(s).

FOR BANK'S USE ONLY			
CIF No.	Corporate ID		
TB / RM (Name / Department)	Signature Verified By (Name / Initial / Date)	Processed By (Name / Initial / Date)	Checked By (Name / Initial / Date)
Remarks			