

BizChannel@CIMB Maintenance Form

Please mail the completed form to **CIMB Bank Berhad, Document & Data Management, 30 Raffles Place, #04-01 CIMB Plaza, Singapore 048622**

Note:

- Your user ID(s) letter and/or security device will be sent to you via mail at the address as per the Bank's records within 7 days upon successful application.
- Please call our Business Call Centre at +65 6438 7888 for more information or if you did not receive the user IDs/security devices.

My/Our Business Particulars

Registered Company Name:

BizChannel@CIMB Corporate ID:

Authorised Contact Person for Correspondence & Communication about BizChannel@CIMB

	Primary	Secondary
Requirement	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove
Name (as per NRIC/Passport):	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Email Address:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Contact No.:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

1 | Change In Access

- View Only
 View and Transact
 Terminate BizChannel@CIMB Access

2 | Accounts To Be Linked/Removed

Only deposit accounts held by the Applicant with CIMB Bank Berhad, Singapore Branch, can be linked.

ALL Select "ALL" to add All Accounts (This is the default option if this section is left blank)

Add Select "Add" and enter specific account numbers below:

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Remove Select "Remove" and enter specific account numbers below:

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

3 | Add New Users/Update Existing Users

Please read the following before completing this section:

- Viewer - View account summary/balance and inquire on transactions.
- Maker - Create transactions.
- Approver - Approve transactions.

User Particulars	User 1	User 2	User 3
Requirement	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove
Name (as per NRIC/Passport)			
User ID (6 to 12 alphanumeric characters)			
NRIC/Passport No.			
Email Address			
Mobile No.			
User Role	<input type="checkbox"/> Viewer <input type="checkbox"/> Maker <input type="checkbox"/> Approver (Approver Group, if applicable) _____	<input type="checkbox"/> Viewer <input type="checkbox"/> Maker <input type="checkbox"/> Approver (Approver Group, if applicable) _____	<input type="checkbox"/> Viewer <input type="checkbox"/> Maker <input type="checkbox"/> Approver (Approver Group, if applicable) _____
Issue New Security Device	<input type="checkbox"/> Yes <input type="checkbox"/> Use Existing Device Serial No.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> Use Existing Device Serial No.: _____	<input type="checkbox"/> Yes <input type="checkbox"/> Use Existing Device Serial No.: _____
Bulk Services (Default to all if none is selected)	<input type="checkbox"/> Payroll <input type="checkbox"/> Collection <input type="checkbox"/> Payment	<input type="checkbox"/> Payroll <input type="checkbox"/> Collection <input type="checkbox"/> Payment	<input type="checkbox"/> Payroll <input type="checkbox"/> Collection <input type="checkbox"/> Payment
Accounts to Access (Default to All accounts if this section is left blank or enter specific account numbers)			

- Note:
- For the transactions module on BizChannel@CIMB, different User IDs are required for 1 Maker and 1 Approver as individual transactions cannot be created and approved using the same User ID.
 - For New Approvers on BizChannel@CIMB, who are currently not bank signatories, please provide (a) Singaporean/Singapore PR: Certified True Copy* of NRIC; (b) Foreigners: Certified True Copies of passport and the most recent proof of residential address.
*To be certified by 2 Directors for non-director or 1 Director and 1 Corporate Secretary for director.

Approval Mandate

Applicable to all transactions executed through BizChannel@CIMB.

Currency for Approval Limit: SGD USD Others (Please specify): _____

Approval Limit	<input type="checkbox"/> Unlimited	Approval Mandate (E.g. Approval Group 1A + 1B)	Sequential Approval
<input type="checkbox"/> From:	Up to:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> From:	Up to:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> From:	Up to:		<input type="checkbox"/> Yes <input type="checkbox"/> No

- Note:
- Foreign currency transactions will be calculated based on the currency for approval limit indicated above..
 - The Approval Limit will apply to all approvers.
 - The above approval mandate will supersede the existing approval mandate set up in BizChannel@CIMB.

4 | Optional BizChannel Service

MT103 File Download Service

For download of Swift MT103 for outward remittances. Monthly subscription fee applies.

User(s) to Activate: All Users Specific User ID's:

5 | Reset Of User Password

User Name(s)	User ID(s)
<input type="text"/>	<input type="text"/>

6 | Replacement Of Security Device

Reason for Replacement	User Name(s)	User ID(s)
<input type="checkbox"/> Misplaced	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Defective Note: Defective security devices are required to be returned to CIMB Bank for the processing of the replacement.	<input type="text"/>	<input type="text"/>

7 | Designated Debit Account

For debiting of service charges and security device charges (if applicable).

CIMB Current Account No.: If not indicated, the Bank will set any CIMB SGD Current Account held by the Applicant as the designated account.

Declaration

By signing this application form, I/we hereby:

- (i) Confirm that I/we have read and understood the applicable terms in the Terms and Conditions Governing the Corporate Deposits Accounts and Services, including the BizChannel@CIMB Terms and Conditions, the Terms and Conditions for the Use of Electronic Banking Service Terms and Conditions and the Terms and Conditions Governing the Operations of Deposits Accounts (Corporate) and the Personal Data Protection terms contained therein (<https://www.cimb.com.sg/en/business/help-support/general-terms-and-conditions.html>), and agree to be bound by all the terms therein and any amendment or variation thereof.
- (ii) Confirm that I/we have read and understood the terms defined and references construed in the BizChannel@CIMB Terms and Conditions and the Terms and Conditions for the Use of Electronic Banking Service shall have the same meaning and construction in this application form unless otherwise defined.
- (iii) Confirm that all of the information stated in this application form is true and accurate as at the date of this application.
- (iv) Authorise the Bank to issue Corporate ID, User ID, Password and Security Device to the Corporate Users.
- (v) 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.
- (vi) 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, as and when required.

Authorised signatories required:

Signature of Authorised Person

Name:

Date (DD/MM/YYYY):

Signature of Authorised Person

Name:

Date (DD/MM/YYYY):

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

FOR BANK 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:			