

## MAINTENANCE FORM

- Please complete this form in CAPITAL LETTERS and submit to the branch where the company's account is maintained.
- All pages must have minimum ONE Authorised Person to sign (Anyone) at the bottom page as part of the "Page Control".
- Please ensure you have attached together all the necessary supporting document(s) listed in the section accordingly.
- Please make copy of the page for additional items if there is insufficient space. Eg: User List, Account List

### BELOW SECTIONS TO BE FILLED BY CUSTOMER ONLY

Company Name: \_\_\_\_\_

Date Submitted (DD) (MM) (YYYY)  
at Branch:  -  -

Corporate ID:

Home Branch  
Name: \_\_\_\_\_

### Options for Maintenance

[Please tick (v) where applicable]

- |  |  |
|--|--|
| <input type="checkbox"/> A) Update Debiting Account        | <input type="checkbox"/> E) Package Maintenance (FSC Access / Downgrade)       |
| <input type="checkbox"/> B) Update Daily Transaction Limit | <input type="checkbox"/> F) Add/Delete/Update System Administrative Users      |
| <input type="checkbox"/> C) Link/Un-link Company's Account | <input type="checkbox"/> G) User Status Maintenance (Eg: Reset Password/Token) |
| <input type="checkbox"/> D) Add/Replace Token              | <input type="checkbox"/> H) Subscriber Linking                                 |

### A. UPDATE DEBITING ACCOUNT NUMBER

New Debiting Account Number

### B. UPDATE DAILY TRANSACTION LIMIT

Transaction Limit Per Day: RM

- Please provide revised Board Resolution.
- Transaction Limit shall not higher than the Board Resolution stated.

### C. LINK/UNLINK COMPANY'S ACCOUNT

Notes: Revised BR, Addendum or equivalent document is required to link additional account.

	Link	Unlink	Account Number	Account Name	Subsidiary?
C1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Y / N
C2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Y / N
C3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Y / N
C4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Y / N

### D. ADD/ REPLACE TOKEN

Note: Additional token is subject to charges, please refer to your Branch/ Relationship Manager for details.

D1) ☐ REPLACE TOKEN FOR SYSTEM APPROVER

Token Owner's Name	NRIC	Reason of Replacement
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Lost* <input type="checkbox"/> Faulty** <input type="checkbox"/> Other:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Lost* <input type="checkbox"/> Faulty** <input type="checkbox"/> Other:

\*Lost token: we recommend that you make a police report.

\*\*Faulty Token: please return the token together with this form submission

D2) ☐ REPLACE Faulty Token: Number of Digital Token Required =   
Number of Physical Token Required =

D3) ☐ ADD TOKEN: Number of Digital Token Required =   
[not applicable to System Approver] Number of Physical Token Required =

#### Token Delivery:

Physical Token(s) will be delivered to the System Admin with the Mailing Address recorded in AFFINMAX.

### E. PACKAGE MAINTENANCE

☐ Subscribe to Financial Supply Chain (FSC) access in AFFINMAX.

Note: 1) This access is only applicable for customer with FSC facility.

2) Upon Setup completion from the Bank, the System Administrator is required to edit the User Group setting for FSC access.

☐ Downgrade to Inquiry Package.

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1 Authorised Person's Signature

### FOR BRANCH USE ONLY

v1.0 2020.0121

Date Received (DD) (MM) (YYYY)  -  -  CIF No.  Home Branch Code

Documents Received by:

Documents & Signatures Verified by:

Name:  
PS :  
Date:

Name:  
PS :  
Date:

Name:  
PS :  
Date:

## F. ADD/ DELETE/ UPDATE SYSTEM ADMINISTRATION USERS

Note: 1) Appointment/Deletion of System Administration Users shall be stated in Board Resolution. The Authorised Person shall fully understand the scope of functions/access of the System Administration Users.

2) New User ID for System Administration Users shall be defaulted by the Bank, which follow the format: sysadmin1, sysadmin2, sysauth1, ... etc.

3) Please circle the action required, either **A**, **D**, or **U**.

Legend: A=ADD User (all fields are mandatory);  
D=DELETE User (Name & NRIC is required);  
U=UPDATE User (Name & NRIC is required, then, provide details of amendment)

### SYSTEM ADMINISTRATOR:

No.	Name as per NRIC/Passport	NRIC/Passport No. ( without "-" )	Mobile No.	E-mail Address (lower case only)
Eg.	<b>A</b> <b>D</b> AHMAD ALI SULAIMAN <b>U</b>	9 9 1 1 2 2 1 0 1 2 3 4	(+60)	
F1)	<b>A</b> <b>D</b> <b>U</b>		(+60)	
F2)	<b>A</b> <b>D</b> <b>U</b>		(+60)	

### SYSTEM APPROVER:

F3)	<b>A</b> <b>D</b> <b>U</b>		(+60)	
F4)	<b>A</b> <b>D</b> <b>U</b>		(+60)	

## G. USER STATUS MAINTENANCE FOR SYSTEM ADMINISTRATION USER

- Reset Password:** When user cannot proceed with Self reset password.
- Reset Token:** When the token is locked, after 3 attempts of invalid input.  
- For invalid TAC (3 attempts), please circle "SMS" to reset SMS token.
- Re-generate E-mail:** When user did not receive credentials via E-mail.
- Activate UserID:** When user still remember the password but UserID deactivated.

No.	User Details	Options
G1)	Name: User ID:	<input type="checkbox"/> Reset Password <input type="checkbox"/> Activate UserID <input type="checkbox"/> Re-generate E-mail <input type="checkbox"/> Reset Token/ SMS
G2)	Name: User ID:	<input type="checkbox"/> Reset Password <input type="checkbox"/> Activate UserID <input type="checkbox"/> Re-generate E-mail <input type="checkbox"/> Reset Token/ SMS
G3)	Name: User ID:	<input type="checkbox"/> Reset Password <input type="checkbox"/> Activate UserID <input type="checkbox"/> Re-generate E-mail <input type="checkbox"/> Reset Token/ SMS

## H. SUBSCRIBER LINKING: USER LINKING ACROSS CORPORATE ID (for Group of Companies)

Note: 1) The user(s) listed below will be authorised to operate the account(s) on behalf of this company (Owner).

2) The user(s) below shall be a registered user under a CorporateID of another company.

3) The Owner shall authorise the below company(s) in the Board Resolution to establish linkage and to be submitted to the Bank.

Authorised Company Name: \_\_\_\_\_

Corporate ID: \_\_\_\_\_

User Name	UserID	Authorised to access / operate below
Eg: OMAR BIN LATIF	OMARLATIF	Account No.: All Accounts As Role: Viewer & Authoriser
1		Account No.: As Role:
2		Account No.: As Role:
3		Account No.: As Role:
4		Account No.: As Role:
5		Account No.: As Role:

## I. Remarks

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1 Authorised Person's Signature

J. Declaration & Authorisations (MANDATORY)

- i. We hereby confirm the details of the person(s) authorized to hold access and hereby give consent to each person the right to perform AFFINMAX Service for and on behalf of the Company;
- ii. We hereby agree that the Login Credentials generated by the Bank via email and mobile number shall not be disclosed to other parties or compromised in any manner whatsoever and that the Bank shall duly be indemnified against any losses, cost, damages or expenses incurred.
- iii. We confirm that all the information provided herein are true and accurate to the best of my/our knowledge as at the date of this submission;
- iv. We hereby confirm that we have read, understood and agreed to the terms and conditions of the AFFINMAX made available on [affinmax.com](https://affinmax.com) and agree irrevocable to be bound by such terms and conditions.

Authorised Representative(s) signature:  
as per Company's Board of Resolution with reference to AFFINMAX matters (or such other equivalent document acceptable to the Bank):

<div></div> <div>Name:</div> <div>Designation:</div> <div>Date:</div>	<div></div> <div>Name:</div> <div>Designation:</div> <div>Date:</div>	<div></div> <div>Name:</div> <div>Designation:</div> <div>Date:</div>
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FOR BANK HEAD OFFICE ONLY

Form Received on :	<div></div> - <div></div> - <div></div> <div></div> <div></div>	Maintenance Date :	<div></div> - <div></div> - <div></div> <div></div> <div></div>	
Form Verified by	Maintained by	Maintenance Verified by	Level 2 Maintenance by	Level 2 Maintenance Verified by
Name PS No. Date & Time	Name PS No. Date & Time	Name PS No. Date & Time	Name PS No. Date & Time	Name PS No. Date & Time
Bank's Remarks :			Level 2 Maintenance items:	
<div></div>			1)	
<div></div>			2)	
<div></div>			3)	