



## APPENDIX – ALLIANCE BizSmart PROFILE SETUP

(please tick  whichever applicable)

### ACCOUNT SETUP

**Company/Business Registered Name:**

I would like to have the following accounts accessible via Alliance BizSmart Online Banking Service

**All Accounts**  
All accounts with Alliance Bank and Alliance Islamic Bank including Current & Saving Accounts/Current & Saving Accounts-i/Fixed Deposit/ Investment Account-i/Loan Accounts/Financing Accounts.

**Selected Accounts Only (Please State Account Numbers):**

Account number	Features available
1.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
2.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
3.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
4.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
5.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
6.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
7.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
8.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
9.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others
10.	<input type="checkbox"/> Inquiry <input type="checkbox"/> Payroll <input type="checkbox"/> Payments <input type="checkbox"/> Auto Debit <input type="checkbox"/> Others

### FOR BRANCH USE ONLY

<b>CIF No.:</b>	<b>Branch stamp:</b>	<b>Verified by:</b>
<b>Branch name:</b>		<b>Signature:</b>
<b>Date received:</b>		

### FOR eBANKING OPERATION USE ONLY

<b>Company Key:</b>		<b>Processed By</b>	<b>Approved By</b>
	Date		
	Signature		

Customer's Initial	
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**USER SETUP****For Inquiry module only**

<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Access to features:</b> <input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below			
1) _____	3) _____	5) _____	
2) _____	4) _____		

<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Access to features:</b> <input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below:			
1) _____	3) _____	5) _____	
2) _____	4) _____		

<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Access to features:</b> <input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below:			
1) _____	3) _____	5) _____	
2) _____	4) _____		

<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Access to features:</b> <input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below:			
1) _____	3) _____	5) _____	
2) _____	4) _____		

<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Access to features:</b> <input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below:			
1) _____	3) _____	5) _____	
2) _____	4) _____		

**For Transactional module only**

Customer's Initial	_____
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<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Role (Please tick one only):</b>			
<input type="checkbox"/> Maker (Data Entry) <input type="checkbox"/> Maker + Checker <input type="checkbox"/> Authoriser <input type="checkbox"/> Checker (Verifier) <input type="checkbox"/> Maker + Authoriser <input type="checkbox"/> Master <input type="checkbox"/> Observer			
<b>Access to features:</b>			
<input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Auto Debit <input type="checkbox"/> Payroll <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Payments <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below:			
1) _____		3) _____	
2) _____		4) _____	
5) _____			

<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Role (Please tick one only):</b>			
<input type="checkbox"/> Maker (Data Entry) <input type="checkbox"/> Maker + Checker <input type="checkbox"/> Authoriser <input type="checkbox"/> Checker (Verifier) <input type="checkbox"/> Maker + Authoriser <input type="checkbox"/> Master <input type="checkbox"/> Observer			
<b>Access to features:</b>			
<input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Auto Debit <input type="checkbox"/> Payroll <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Payments <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below:			
1) _____		3) _____	
2) _____		4) _____	
5) _____			

<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Role (Please tick one only):</b>			
<input type="checkbox"/> Maker (Data Entry) <input type="checkbox"/> Maker + Checker <input type="checkbox"/> Authoriser <input type="checkbox"/> Checker (Verifier) <input type="checkbox"/> Maker + Authoriser <input type="checkbox"/> Master <input type="checkbox"/> Observer			
<b>Access to features:</b>			
<input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Auto Debit <input type="checkbox"/> Payroll <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Payments <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below:			
1) _____		3) _____	
2) _____		4) _____	
5) _____			

<b>Name (in block letters):</b>		<b>User ID:</b>	<b>Group:</b>
<b>NRIC:</b>		<b>Mobile No. for TAC activation:</b>	
<b>Role (Please tick one only):</b>			
<input type="checkbox"/> Maker (Data Entry) <input type="checkbox"/> Maker + Checker <input type="checkbox"/> Authoriser <input type="checkbox"/> Checker (Verifier) <input type="checkbox"/> Maker + Authoriser <input type="checkbox"/> Master <input type="checkbox"/> Observer			
<b>Access to features:</b>			
<input type="checkbox"/> All features <input type="checkbox"/> Otherwise, please select feature(s): <input type="checkbox"/> Auto Debit <input type="checkbox"/> Payroll <input type="checkbox"/> Account Inquiry <input type="checkbox"/> Payments <input type="checkbox"/> Others (FX Rates)			
<b>Account Linkage</b>			
<input type="checkbox"/> All accounts <input type="checkbox"/> Account(s) number(s) specified below:			
1) _____		3) _____	
2) _____		4) _____	
5) _____			

Customer's Initial	
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If authorisation rule is for all transactions in Alliance BizSmart, please fill in below:

Transaction Type	Transaction Limit			Approval Level							
	Levels	From (RM)	To (RM)	Checker	Authorisers						
For All Transactions	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____

Otherwise, please indicate authorisations rule for each product type below:

Transaction Type	Transaction Limit			Approval Level							
	Levels	From (RM)	To (RM)	Checker	Authorisers						
<b>Payments</b>											
Pay to Alliance Accounts	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
Pay to Accounts in Other Banks	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
RENTAS	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
Loan /Financing Repayment	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
Bill Payment	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
<b>Bulk Payments</b>											
Bulk Payment	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or		Group: _____

Customer's Initial \_\_\_\_\_

Payroll	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
KWSP	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
LHDN	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
SOCSO	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
	2			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
	3			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____

**Cheque Management**

Stop Cheque Payment	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____
Cheque Book Request	1			<input type="checkbox"/> Yes <input type="checkbox"/> No	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____	<input type="checkbox"/> and <input type="checkbox"/> or	Group: _____

**I/We confirm that I am/we are duly authorised by the company/business to sign this application form for and on its behalf**

<b>Signature</b>	Name:	<b>Signature</b>	Name:
	Date:		Date:
<b>Signature</b>	Name:	<b>Signature</b>	Name:
	Date:		Date:

**Company/Business Stamp:**

Customer's Initial