

SERVICE REQUEST FORM BORANG PERMOHONAN PERKHIDMATAN

Company Information / Maklumat Syarikat	
Company Name / Nama Syarikat	

We would like the Bank to perform the following request for BizSmart with immediate effect.
 Kami ingin memohon pihak Bank untuk melaksanakan permohonan berikut untuk BizSmart dan berkuat kuasa dengan serta-merta.

A. USER MAINTENANCE

User Info:	Request type:				
Name: <input type="text"/> I.C. No.: <input type="text"/> User ID: <input type="text"/> Mobile Number: <input type="text"/>	<input type="checkbox"/> 1. Regenerate Password	<input type="checkbox"/> 2. Update Mobile No/Email as below:	<input type="checkbox"/> 3. Link User to access the company stated above as: <input type="checkbox"/> Payment Maker <input type="checkbox"/> Payment Authoriser <input type="checkbox"/> Observer <input type="checkbox"/> System Administrator <input type="checkbox"/> System Authoriser <input type="checkbox"/> Others:	<input type="checkbox"/> 4. Create New User as: Self Manage: <input type="checkbox"/> System Administrator <input type="checkbox"/> System Authoriser Bank Manage: <input type="checkbox"/> Payment Maker <input type="checkbox"/> Payment Authoriser <input type="checkbox"/> Others: Required information: Email:	<input type="checkbox"/> 5. Delete User

**Please attach a separate sheet of paper for additional users.

B. CORPORATE MAINTENANCE

Please tick [✓] for any of the following request. *Sila tandakan [✓] untuk perkhidmatan yang ingin dipohon.*

<input type="checkbox"/> Link Account	<input type="checkbox"/> Delink Account	<input type="checkbox"/> Link Merchant ID	<input type="checkbox"/> Delink Merchant ID
<input type="text" value="Account/ID No.1"/>	<input type="text" value="Account/ID No.2"/>	<input type="text" value="Account/ID No.3"/>	
<input type="checkbox"/> Change of Alliance BizSmart Package (For Existing Alliance BizSmart Transactional Module customers ONLY)			
<input type="checkbox"/> BizSmart SME Solution (Only for SME & Sole Proprietor) <input type="checkbox"/> Standard Package <input type="checkbox"/> Others:			
<input type="checkbox"/> Update BizSmart Mailing Address Request (We cannot deliver to P.O. Box address)			
<input type="checkbox"/> Token Related Request			
Additional Token Request: ____ Token(s) (By ticking this option, Bank is authorised to debit RM70 per token from designated account)			
Token Replacement: ____ Token(s) (By ticking this option, Bank is authorised to debit RM50 per token from designated account)			
The token replacement request is for the following user:			
1.	Name:	I.C. No.:	User ID:
2.	Name:	I.C. No.:	User ID:
<input type="checkbox"/> New Daily Corporate Limit Maintenance			
<input type="text" value="Non – Trade: RM"/>		<input type="text" value="Bulk Payment: RM"/>	
<input type="checkbox"/> Pre-Account Registration (Please attach a separate sheet of paper for additional account)			
Beneficiary Preferred Name	Beneficiary Bank	Beneficiary/Biller Name	Beneficiary Account/ Card/Bill Account No
<input type="checkbox"/> Alliance Bank to Alliance Bank's Account <input type="checkbox"/> Alliance Bank to Other's Bank Account <input type="checkbox"/> Card Payment <input type="checkbox"/> Pay Bills			

AUTHORISED SIGNATORY(IES)		
(Signed by the authorised signatories of the company stated above)		
Name:	Name:	Company Stamp

FOR BRANCH USE	
Company CIF:	
Verified By:	
Name:	Branch Stamp