



## **CUSTOMER SERVICE FORM**

alrajhicashbiz@	24 seven
Cash Manage	ment Services

Kindly fill up the relevant sections below and tick in the box where applicable:								
A: PARTICULAR	OF APPLICANT							
COMPANYID							OFFICIAL COMPANY STAMP	
COMPANY NAM	E							
CONTACT PERSO	ON							
DESIGNATION								
EMAIL ADDRESS	5	CONTACT						
B. USER PROFILE UPDATE DETAILS								
NOTE:* FOR PAYROLL ACCESS, MANDATORY TO PROVIDE ACCOUNT UPDATE DETAILS (C)								
	opriate box to assign us	er function.	•					
USER 1				USER 2				
TYPE OF REQUES	ST: ADD ENAB		GOT PASSWORE					
	☐ DISABLE ☐ PAYROLL ACCESS*				☐ DISABLE ☐ PAYROLL ACCESS*			
USER FUNCTION	FUNCTION: INQUIRY MAKER AUTHORIZER USER FUNCTIO			NCTIO	N : LINC	QUIRY MAKER AUTHORIZER		
NAME				NAME				
CONTACT NO.				CONTAC	T NO.			
EMAIL				EMAIL				
ADDRESS				ADDRES	S			
NRIC / PP NO.				NRIC / P	P NO.			
LOGIN ID				LOGIN II	)			
USER 3				USER 4				
TYPE OF REQUES	ST: ADD ENAB	IF □ FOR	GOT PASSWORE		TYPE OF REQUEST: ADD ENABLE FORGOT PASSWORD			
DISABLE PAYROLL ACCESS*						SABLE PAYROLL ACCESS*		
USER FUNCTION			AUTHORIZER	USER FU	NCTIO		QUIRY MAKER AUTHORIZER	
NAME	NAM				1101101		Keini - Imance - Nemenizen	
					TNO			
CONTACT NO.				CONTAC	I NO.			
EMAIL ADDRESS				EMAIL ADDRES	c			
NRIC / PP NO.				NRIC / P				
LOGIN ID				LOGIN II				
C. ACCOUNT UP	DATE DETAILS			LOGINTI				
	opriate box to assign us	er access of	to undate acco	unt details				
ACCOUNT NUME		SCI access of	USER	unt actans.	REMARKS			
ACCOUNT NOWBERS		1	4	4		KEW/KKO		
		-	2 3	H				
D. AUTHORIZED	SIGNATORY							
AUTHORIZED SIGNATORY AUTHORIZED S		SIGNATORY			AUTHORIZED SIGNATORY			
NAME/DATE: NAME/DATE:		NAME		NAME	/DATE:			
Willer Britz.				10711112				
E. FOR BANK USE ONLY								
SIGNATURE VERIFIED AND REQUEST ATTENDED BY/DATE				CHECKED BY/DATE				
				-				
1								

ARB/OPS/CMS/CSF/VER6.0/020421