



C	orporat	e Gro	up l	D																			
C	ompany	y Nam	ne								CI	F No	(CIF No	o. is the	e last o	6 digit	s of th	e com	pany'	's acco	ount nu	mber))
1	Use	r Ac	CO	unt(s)																		
	Acco	unts	Nu	mb	er																		
1.			-			-			_														
2.			- [-			_														
3.			- [_			_]							
4.			- [_]] _]							
5.			_ [_]] _]							
			_ [_]] _]							
6.			[]]]							
7.			-			-			-]							
8.			-			-			_														
	Cred	it Co	ard	Nun	nber	•	I		ı			ı	ı	1	I	7							
9.																							
10.																							
11.																							
	HP A	ccou	ınt	Nun	ber																		
12.						/		/			/												
13.						/		/			/												
2	Do	ily T	rar	nsac	ction	n <u>Lir</u>	ni <u>t</u>										_						
Func	d Transf	er																					
Maxir	num allov	ved lim	it is E	3ND1,0	00,00	0				Def	ault is	BND10	00,000) if left	blank								
Bill P Maxi r	ayment	t ved lim	it is E	3ND1,0	00,00	0																	
										Def	ault is	BND10	00,000) if left	blank								
Stan Maxir	ding Ins	struct ved lim	ions it is E	BND1,0	00,00	0				Def	ault is	BND10	00,000) if left	blank								





Authorization	on Rule	

Please input the authorization rule required for each threshold amount for transactions. Eg. BND1001 to BND10,000 requires Any Two authorizers.								
To add more authorization instructions, please insert a new 'Section 3. Authorization Rule' page								
All debits a	All debits account or Specific debit account:							
All services	All services or Fund Transfers Bill Payment Payroll Others							
Follow the auth	Follow the authorization rules as stated in:							
The Accour	nt Mandate da	ted	or	As per the co	mpleted table below			
Threshold A	mount (BND)		Authoriza	ation Requirement				
From	То		Authorize	ation requirement				
		No. of Authorizer(s) required		Required Combination of A	Authorised Signatures			
		Any One Authorizer OR						
		Any Two Authorizer						
		No. of Authorizer(s) required		Required Combination of A	Authorised Signatures			
		Any One Authorizer	OR					
		Any Two Authorizer						
		No. of Authorizer(s) required		Required Combination of A	Authorised Signatures			
		Any One Authorizer	OR					
		Any Two Authorizer						
Oth and in atom and								
Other instruct	ions:							





4 Remove Company user(s)

To remove more Users, please insert a new 'Section 4. Remove Company user(s)' page.

_				
1.	Name:	IC Number:		
	Reason:	User ID:		
2.				
	Name:	IC Number:		
	Reason:	User ID:		
3.				
٥.	Name:	IC Number:		
	Reason:	User ID:		
4.				
	Name:	IC Number:		
	Reason:	User ID:		
_				
5.	Name:	IC Number:		
	Reason:	User ID:		
6.				
	Name:	IC Number:		
	Reason:	User ID:		
_				
7.	Name:	IC Number:		
	Reason:	User ID:		
8.				
	Name:	IC Number:		
	Reason:	User ID:		





Appointment of Company User(s)

	erson who will have the function suspe	Tick where applicable ✓ nd other users and set users' daily limits. All users			
Add New User	Edit Existing User	eive their login credentials and password.			
Name*	User ID* (Letters and numbers only)	User Role* Admin View Input Authorize			
IC Number/Passport* Email Address*	Choice of 2-Factor Authentication (2FA) Digital token will be left defaulted if left blank Baiduri Digital Token (Authentication via Smartphone)				
Designation*	Physical Token *\$50 charge applies Mobile No.* (M)	Chequebook Request View Account Balance / Transaction History			
Account Access All Accounts (✓ to confirm)	or Input accounts listed	d in Section 4 based on number (eg. 1, 2, 4)			
Add New User	Edit Existing User				
Name* IC Number/Passport* Email Address* Designation*	User ID* (Letters and numbers only) Choice of 2-Factor Authentication (2FA) Digital token will be left defaulted if left blank Baiduri Digital Token (Authentication via Smartphone) Physical Token *\$50 charge applies Mobile No.* (M)	User Role* Admin View Input Authorize Function Allowed Access Transfers / Bill Payments Payroll Chequebook Request View Account Balance / Transaction History			
Account Access All Accounts (✓ to confirm)	or Input accounts listed	d in Section 4 based on number (eg. 1, 2, 4)			
6 Collection of Physic	al Token(s) if applicable				
1. I/We hereby authorize to collect the Token(s), on my/ 2. I/We wish to collect the Token 3. I/We hereby authorize token of		*IC/Passport No. Branch. , if applicable.			
<u> </u>	t a new 'Section 5. Appointment of Co	mpany User(s)' page. Every page containing			
To add more Users, please inser	t a new 'Section 5. Appointment of Co				

Authorized Signatory

Authorized Signatory Co. Reg. No. AGO/RC/3275





Declaration by Authorized Persons / Sole Proprietor / Partners and Company Appointed Users

I/We hereby:

Confirm that I/we have read, understood and agreed to be bound by:

(a) the b.Digital Business Terms & Conditions and Disclaimer issued to me/us upon my/our application and;

Name:

(b) the Bank's standard Terms & Conditions Governing Accounts maintained with the Bank in respect of all my/our existing future accounts opened or to be opened with the bank.

I/We are aware that the Disclaimer and both the Terms & Conditions Governing Accounts maintained with the Bank and for the Baiduri b.Digital Business are available for viewing on the Bank's website. I/We further confirm and agree that the Bank reserves the right, without prior notice to me/us, to change, revise and modify the Disclaimer and the above Terms & Conditions and I/we agree to be bound by all changes made or modified at any time and from time to time.

Confirm and agree that all the information provided herein is true and accurate to the best of my/our knowledge as at the date of this application.

Name:

*Please delete when appropriate.

Authorized Signatories

Name:

IC/Passport No:	IC/Passport No:	IC/Passport No:			
Specimen Signature SIGN HERE	Specimen Signature SIGN HERE	Specimen Signature SIGN HERE			
Company Appointed Users					
Name:	Name:	Name:			
IC/Passport No:	IC/Passport No:	IC/Passport No:			
Specimen Signature SIGN HERE	Specimen Signature SIGN HERE	Specimen Signature SIGN HERE			
Name:	Name:	Name:			
IC/Passport No:	IC/Passport No:	IC/Passport No:			
Specimen Signature SIGN HERE	Specimen Signature SIGN HERE	Specimen Signature SIGN HERE			
Company Seal (if required)					
		S.V.			





FOR BRANCH USE ONLY		
Attended by: Checked by: Date:	User CIF	Hardcopy Flexcube
FOR DIGITAL BANKING USE ONLY		
Inputted by:	Initial:	Date:
Authorized by:	Initial:	Date: