



Corporate Group ID

Company Name

CIF No (CIF No. is the last 6 digits of the company's account number)

1 User Account(s)

Accounts Number

| 1. | | | - | | | - | | | - | | | |
|--------------------|--|--|---|--|--|---|--|--|---|--|--|--|
| 2. | | | - | | | - | | | - | | | |
| 3. | | | _ | | | _ | | | - | | | |
| 4. | | | _ | | | - | | | - | | | |
| 5. | | | - | | | - | | | - | | | |
| 6. | | | _ | | | _ | | | - | | | |
| 7. | | | _ | | | - | | | - | | | |
| 8. | | | _ | | | - | | | - | | | |
| Credit Card Number | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | |

HP Account Number



2 Daily Transaction Limit

Fund Transfer Maximum allowed limit is BND1,000,000

Bill Payment Maximum allowed limit is BND1,000,000

Standing Instructions Maximum allowed limit is BND1,000,000 Default is BND100,000 if left blank

Default is BND100,000 if left blank

Default is BND100,000 if left blank





3 Authorization 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 account or Specific debit account: | | | | | | | | | |
| All services | or | Fund Transfers | Bill Paym | nent Payroll | Others | | | | |
| Follow the authorization rules as stated in: | | | | | | | | | |
| The Accour | nt Mandate da | ted |] or | As per the con | npleted table below | | | | |
| Threshold Ar | mount (BND) | | Authorizo | ation Requirement | | | | | |
| From | То | | | | | | | | |
| 0 | | No. of Authorizer(s) required Required Combination of Authorised Sign Any One Authorizer OR Any Two Authorizer | | uthorised Signatures | | | | | |
| | | No. of Authorizer(s) required Any One Authorizer Any Two Authorizer | OR | Required Combination of Au | uthorised Signatures | | | | |
| | | No. of Authorizer(s) required Any One Authorizer Any Two Authorizer | OR | Required Combination of Au | uthorised Signatures | | | | |

Other instructions:





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. | Newsy | IC Number: |
| | Name: | |
| | Reason: | User ID: |
| , | | |
| 4. | Name: | IC Number: |
| | | |
| | Reason: | User ID: |
| _ | | |
| 5. | Name: | IC Number: |
| | | |
| | Reason: | User ID: |
| 6. | | |
| 0. | Name: | IC Number: |
| | Reason: | User ID: |
| | | |
| 7. | | |
| | Name: | IC Number: |
| | Reason: | User ID: |
| | | |
| 8. | | |
| | Name: | IC Number: |
| | Reason: | User ID: |
| | | |





5 Appointment of Company User(s)

Account(s) to be accessed and User Function(s)

Tick where applicable \checkmark

Please nominate at least 1 Admin Person who will have the function suspend other users and set users' daily limits. **All users must provide a valid mobile number and individual email address to receive their login credentials and password**.

| Add New User | Edit Existing User | |
|---|---|--|
| Name* | User ID [*] (Letters and numbers only) | User Role* |
| IC Number/Passport* Email Address* Designation* | Choice of 2-Factor Authentication (2FA) Digital token will be left defaulted if left blank Baiduri Digital Token (Authentication via Smartphone) Physical Token *\$30 charge applies Mobile No.* (M) | Function Allowed Access Transfers / Bill Payments Imput Payroll Imput Chequebook Request Imput View Account Balance / Transaction History Imput Bulk Transfer Imput |
| Account Access All Accounts (✓ to confirm) Add New User | or Input accounts listed | in Section 4 based on number (eg. 1, 2, 4) |
| Name* | User ID* (Letters and numbers only) | User Role* |
| 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) | Function Allowed Access Transfers / Bill Payments Payroll |
| Designation* | Physical Token *\$30 charge applies Mobile No.* (M) | Chequebook Request View Account Balance / Transaction History Bulk Transfer |

Account Access

All Accounts (🗸 to confirm)

or

Input accounts listed in Section 4 based on number (eg. 1, 2, 4)

6 Collection of Physical Token(s) if applicable

| 1. I/We hereby authorize | To add more Users, please insert a new 'Section 5. Appointment of Company User(s)' page. Every page containing Section 5 must be signed by the Authorized Signers. | | | | | | | |
|--|---|------------------|--|--|--|--|--|--|
| to collect the Token(s), on my/our behalf. | 3. I/We hereby authorize token charges to be debited from my account | , if applicable. | | | | | | |
| | 2. I/We wish to collect the Token(s) at | Branch. | | | | | | |
| | 1. I/We hereby authorize to collect the Token(s), on my/our behalf. | *IC/Passport No. | | | | | | |





7 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;
- (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.

*Please delete when appropriate.

Authorized Signatories

| 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 Appointed Users

| Name: | Name: | Name: | | |
|---------------------------------|---------------------------------|--------------------------------|--|--|
| IC/Passport No: | IC/Passport No: | IC/Passport No: | | |
| Specimen Signature SIGN HERE | Specimen Signature SIGN HERE | Specimen Signature SIGNHERE | | |
| | | | | |
| Name: | Name: | Name: | | |
| Name: IC/Passport No: | Name: IC/Passport No: | Name: IC/Passport No: | | |

Company Seal (if required)







Date:

FOR BRANCH USE ONLY

| User Name | User CIF | Hardcopy Flexcube |
|------------------------------|----------|-------------------|
| | | |
| | | |
| Attended by: | Initial: | Branch Chop |
| Checked by: | Initial: | |
| Date: | | |
| | | |
| | | |
| FOR DIGITAL BANKING USE ONLY | | |
| Inputted by: | Initial: | Date: |

Initial:

Authorized by: