

Internet Banking Application Form

Please complete the following checklist before submitting your application:

Application Form	<input type="checkbox"/> Please complete all the section marked as Mandatory <input type="checkbox"/> To be signed by A/C holder the Authorised Person(s) appointed in accordance with the extract Board of Directors' Resolution or Extract Minutes of Board of Directors' Meeting Extract Minutes of Board of Directors' Meeting enclosed herewith.
Extract Resolution / Extract Minutes	<input type="checkbox"/> Please submit the extract of Board of Director's Resolution or Extract Minutes of Board of Directors' Meeting in the form and substance as attached hereto. <ul style="list-style-type: none"> Please specify/provide clearly the items below: <ul style="list-style-type: none"> <input type="checkbox"/> Date of Board of Directors' resolution/minutes passed <input type="checkbox"/> The identity of the Authorised Person(s) who is/are appointed to operate the Internet Banking <input type="checkbox"/> Specimen signature(s) of the Authorised Person(s) <input type="checkbox"/> Signing condition <input type="checkbox"/> To be signed by Authorised Signatory <input type="checkbox"/> Not Applicable
Supporting Documents	<input type="checkbox"/> National ID Card/Passport of Director/Shareholders/Company Representatives <input type="checkbox"/> Business License, Business Patent and/or Certificate of Company Registration <input type="checkbox"/> Memorandum and Articles of Association (M&A)
Documents Submission	Attention to: Head Office Address (Official Address) No. 60, Preah Monivong Boulevard, Phum 10 Sangkat Voat Phnum, Khan Doun Penh, Phnom Penh. Kingdom of Cambodia.
Enquiries	Internet Banking Call Center at +855 23 988388.

For Bank Use Only	
Referred By:	
Staff Name: _____	Staff ID: _____
Branch Code / Team: _____	Contact No: _____
Remark: _____	
Application Type:	
<input type="checkbox"/> New	<input type="checkbox"/> Amendment
Branch Submission of Internet Banking Application Form – Please submit documentation to:-	
Attention to: Operation Department	
CIMB Bank PLC	
No. 60, Preah Monivong Boulevard, Phum 10	
Sangkat Voat Phnum, Khan Doun Penh, Phnom Penh, Kingdom of Cambodia.	

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(A) Account(s) to be Accessed via Internet Banking and Debiting of Charges (Mandatory)															
Account (s) to be accessed	Default to all accounts with CIMB <i>(at the point of application)</i>														
Debit fees from account no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>(The Bank will appoint any ONE(1) account from the Company if this field is left blank)</i>
(B) Applicant Details (Mandatory)															
<p><i>*Applicant may refer to Individual, Sole Proprietors, Partnerships, Government Bodies, or such other legal entities established under the laws of Cambodia (whichever applicable)</i></p> <p>Name: _____ Business Reg./Ref. No.: _____</p> <p><i>** In any matters related to Internet Banking, Bank will inform the Contact Person specified below.</i></p> <p>Mailing Address**: _____</p> <p>_____</p> <p>Contact Person**: _____ Contact No : (Office) _____</p> <p>_____</p> <p>(Mobile): _____ Email: _____ Customer Type: _____</p>															
(C) Internet Banking Service Package															
Service Package : _____															
(D) Authorised User(s)															
Full Name as per NRIC/ Passport <i>[Mandatory]</i>	User ID	Role**	Payroll Access	Mobile No.	Email**										
			<input type="checkbox"/>												
			<input type="checkbox"/>												
			<input type="checkbox"/>												
			<input type="checkbox"/>												
			<input type="checkbox"/>												
<p><i>Note: * Each Authorised User(s) may opt for dual roles(Maker & Authoriser) via the same User ID. However, the same transaction cannot be authorised by the same person.</i></p> <p><i>** Mandatory and cannot be repeated for different Authorised User(s).</i></p>															
(E) System Administrators (Optional)															
Full Name as per NRIC/ Passport <i>[Mandatory to appoint minimum 2 System Administrators]</i>	User ID	Mobile No.*	Email*												
<p><i>Note: * Mandatory and cannot be repeated for different System Administrator.</i></p>															

(F) Declaration By Applicant

I / We hereby

- i. Confirm that by signing this Application Form, We accept and agree to be bound by the Terms and Conditions of Subscription and Access to Internet Banking including any amendments, supplements and additions thereto made at any time and from time to time by the Bank, which is made available via www.cimbbank.com.kh.
- ii. Confirm that all the information provided by us in this Application Form are true, correct and not misleading.
- iii. Authorise the Bank to issue User Password(s) to Authorised User(s) and/or System Administrator(s), where applicable.
- iv. Agree that the person(s) appointed under section D - Authorised User(s) and/or section E-System Administrator(s) above and/or in my/our letter(s) of instruction is/are authorised to perform and effect the above subscribed services on my/our behalf in relation to my/our account(s) linked to Internet Banking. The above mentioned Authorised User(s) and/or System Administrator(s) have sufficient authority to perform and effect all transactions of such services for and on our behalf.

Authorised Person

Name:

Date:

Authorised Person

Name:

Date:

Authorised Person

Name:

Date:

Authorised Person

Name:

Date: