



ALLIANCE BANK

Alliance Bank Malaysia Berhad (88103-W)

Branch:

CIF No.:

Account No.

Account Type

1.

2.

3.

4.

Business Banking Application Form

(Version 7.1)

This form is to apply for the following products (Please tick ☒ where applicable):

☐ Current Account, Deposit & Foreign Currency Products
To print: Section A, B, C, H & I To complete: A, B, C & H

☐ Alliance BizSmart Online Banking
To print: Section A, D, H & I To complete: A, D & H

☐ Business Credit Card
To print: Section A, F, H & I To complete: A, F & H

☐ Biz-Xpress ATM Card
To print: Section A, E, H & I To complete: A, E & H

☐ Merchant Facility
To print: Section A,G, H & I To complete: A, G & H

SECTION A. BUSINESS INFORMATION

Registered Name:

Business/Company Registration No.:

Date of Business/Company Registration:

Country/Place of Business/Company Registration:

Type of Industry (Please tick ☒ ONE only):

- ☐ Agriculture (A003)

☐ Manufacturing (M001)

☐ Forestry (F003)

☐ Wholesale Trade (W001)

☐ Construction (C002)

☐ Restaurants & Hotel (R002)

☐ Fishing (F002)

☐ Finance & Insurance (F001)

☐ Medical (M003)

☐ Judicial & Legal (J001)

☐ Retail Trade (R003)

☐ Community, Social & Welfare (C001)

☐ Real Estate (R001)

☐ Telecommunication (P002)

☐ Mining & Quarrying (M004)

☐ Electrical, Water & Gas (E002)

☐ Education (E001)

☐ Storage, Warehousing & Transportation (T001)

☐ Others, please specify:

Business Type (Please tick ☒ ONE only):

- ☐ Private Limited Company (Q)

☐ Public Limited Company (U)

☐ Sole Proprietor (S)

☐ Professional Body (PB)

☐ Partnership (P)

☐ Religious Body (R)

☐ Federal Government (V)

☐ Co-Operative (W)

☐ Statutory Body (1)

☐ Government Body (3)

☐ Limited Liability Company

Business/Company Mailing Address:

Postcode:

Shareholding Status (Please tick ☒ ONE only):

- ☐ Bumi Controlled

☐ Non-Bumi Controlled

☐ Others, please specify:

Residential Status (Please tick ☒ ONE only):

- ☐ Resident Controlled Company

☐ Non-Resident Controlled Company (NRCC)

Telephone No.:

Fax No.:

Email Address/Website:

Purpose for Opening Account/Applying for Facility:

Annual Sales/Business Turnover:
RM

I/We hereby declare the funds for this account were obtained from the following source:

No. of Full Time Employees:

Related Companies (if any):

AUTHORISED CONTACT PERSON

Name:

I.C. No.:

Mobile No.:

Fax No./Email Address:

Position:

Office No.:

Customer's Initial

Details of Foreign/Local Politically Exposed Person (PEP) or person closely associated with a PEP (if any):

No.	Name of Authorised Signatory/Director /Shareholder	Describe the customer's function/office held and relation to/connection with the public official.

Connected Parties (Please tick ☒ ONE only):

☐ I/We hereby confirm that **NONE** of our directors, managers, controlling shareholders (whether directly or indirectly interested) and/or agents and guarantors are under the employment of ABMB/AIS or its subsidiaries and/or are related to any director, officer or employee of ABMB/AIS or its subsidiaries, whether as parent, spouse, brother, sister or child and/or their financial dependant. We undertake to inform the bank immediately if any such relationship is establish/intended to be established.

☐ I/We hereby declare that the below table shows the directors, managers, controlling shareholders (whether directly or indirectly interested) and/or agents and guarantors are the employment of ABMB/AIS or its subsidiaries and/or are related to any director, officer or employee of ABMB/AIS or its subsidiaries, whether as parent, spouse, brother, sister or child and/or their financial dependant.

No.	Name of Authorised Signatory/Director/Shareholder	I.C. No.	Name of AIS/ABMB Employee/Officer/Director	Entity	I.C. No.	Relationship

FOR SOLE PROPRIETORSHIP ONLY**Personal Data Protection Act (PDPA)**

I/We hereby give consent and authorise the ABMB to disclose any information concerning me/us, my/our affairs and/or facilities, accounts, products and/or services for the purposes of strategic alliances, cross selling, marketing, and promotions, to other departments and/or units within the ABMB, other companies in the Alliance Bank* and/or its agents and third parties (excluding information relating to my/our affairs or accounts) as the ABMB may deem fit. For avoidance of doubt, the consent given herein shall supersede all prior/previous consent(s) given by me/us to any other entities within Alliance Bank.

☐ YES ☐ NO

Alliance Bank herein refers to Alliance Bank Malaysia Berhad and its wholly-owned subsidiaries, Alliance Investment Bank Berhad and Alliance Islamic Bank Berhad.

FOR SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, PRIVATE LIMITED AND PUBLIC LIMITED COMPANIES ONLY**For Branch Use Only****Foreign Account Tax Compliance Act (FATCA)** (Please tick ☒ ONE only):**FATCA status code**
(Refer to page 12 for guidance)

<input type="checkbox"/> Non-US government entities	-	C
<input type="checkbox"/> Non-US central bank	-	C
<input type="checkbox"/> Public listed entity (non-FI) that is regularly traded on Bursa Malaysia or another stock exchange outside the US, including its subsidiaries.	-	D
<input type="checkbox"/> The entity's revenue is mainly (at least 50%) derived from its core business activity (other than investment activities) <u>Declaration:</u> <input type="checkbox"/> An entity, out of US, engaged in an active business other than that of a financial institution.	-	F
<input type="checkbox"/> Financial institutions (FI) ⁽¹⁾ FATCA definition – page 12 outside US FATCA Classification (Refer to Form W8-BEN-E): _____	If selected, Please fill up Form W-8BEN-E	G – T
<input type="checkbox"/> The entity is incorporated/organised in US (Refer to Form W9) Please select one of the categories: <input type="checkbox"/> Specified US person (Refer to Form W9) <input type="checkbox"/> Non specified US person (Refer to Form W9)	If selected, Please fill up Form W-9	A B W (if W9 is <u>NOT</u> filled)
<input type="checkbox"/> The entity's revenue is mainly (at least 50%) derived from investment activities <u>Declaration:</u> <input type="checkbox"/> An entity, out of US, engaged in business other than that of a financial institution. <u>Please select one of the followings:</u> Does the entity have substantial United States Owners ⁽³⁾ FATCA definition – page 12? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" is selected: Please fill up Form W-8BEN-E (Part xxx)	U V (if W-8BEN-E is <u>NOT</u> filled) E
<input type="checkbox"/> None of the above	Please fill up Form W-8BEN-E	1 - 13 G (if W-8BEN-E is <u>NOT</u> filled)

SECTION B. OPENING OF ACCOUNT

Please Tick ☒ Where Applicable:

☐ **CURRENT ACCOUNT** ☐ **SAVINGS ACCOUNT** ☐ **FIXED DEPOSIT** (Please Specify Product Type: _____)

☐ **FOREIGN CURRENCY CURRENT ACCOUNT**

☐ FCA 1 ☐ FCA 2 (Currency Type: ☐ USD ☐ EUR ☐ SGD ☐ GBP ☐ AUD ☐ Others, please specify: _____)

☐ **FOREIGN FIXED DEPOSIT ACCOUNT**

☐ FCA 1 ☐ FCA 2 (Currency Type: ☐ USD ☐ EUR ☐ SGD ☐ GBP ☐ AUD ☐ Others, please specify: _____)

1. Category of application for FCA (Please tick ☒ where applicable):

- ☐ Resident export & import/ non-export & non-import business company without domestic Ringgit borrowings (Please delete whichever is not applicable)
- ☐ Approved international procurement center
- ☐ Approved operational headquarter
- ☐ Regional distribution center
- ☐ Multimedia Supercorridor Company
- ☐ Resident Merchant bank/ other financial institution
- ☐ Resident fund manager/nominees company/management company/trust company/legal firm/ custodian/stockbroking corporation who invest on behalf of clients. Please state whether this Foreign Currency Account is for your:
- ☐ Resident clients
- ☐ Non-resident clients

2. Sources of funds placed and/or will be placed in the Foreign Currency Account

- ☐ Export proceeds
- ☐ Other foreign currency receivables
- ☐ Conversion from RM
- ☐ Proceeds received from settlement of domestic trade in goods/ services
- ☐ Others, please specify: _____

Note:

- FCA 1 & 2 is only applicable for Resident entity as per Foreign Exchange Administration Rules
- USD** – US Dollar, **EUR** – Euro, **SGD** – Singapore Dollar, **GBP** – British Pound, **AUD** – Australian Dollar

Note: Eligible for protection by PIDM

NOMINATION OF AUTHORISED PERSONNEL

I/We hereby nominate the person(s) detailed below as the person(s) authorised to perform activities and/or transactions indicated below on my/our behalf:

Name & IC No./Passport No. & Country	Contact No.	Specimen Signature	Please Tick <input checked="" type="checkbox"/> Where Applicable
1.			<input type="checkbox"/> Cheque Encashment <input type="checkbox"/> Account Information <input type="checkbox"/> Cheque Confirmation <input type="checkbox"/> Document Submission/Collection/ Chequebook Collection
2.			<input type="checkbox"/> Cheque Encashment <input type="checkbox"/> Account Information <input type="checkbox"/> Cheque Confirmation <input type="checkbox"/> Document Submission/Collection/ Chequebook Collection
3.			<input type="checkbox"/> Cheque Encashment <input type="checkbox"/> Account Information <input type="checkbox"/> Cheque Confirmation <input type="checkbox"/> Document Submission/Collection/ Chequebook Collection

* Cheque Encashment – Person(s) authorised to encash my/our cheque(s) over the counter at my/our branches, on my/our behalf. I/We also declare that the person(s) mentioned are known to me/us and they are my/our employee/Director(s)/Partner(s)/Office Bearer(s).

* Account Information – Person(s) authorised to request for and obtain my/our account information (e.g. account balance, transaction information, account statements etc.), either over the counter or over the phone, on my/our behalf.

* Cheque Confirmation – Person(s) authorised to confirm details of cheque(s) issued and collected, either over the counter or over the phone, on my/our behalf.

* Document Submission/Collection – Person(s) authorised to send-in/submit and/or collect and/or acknowledge receipt of documents relating to operation of this account (including but not limited to returned cheques, remittance application/instrument, etc.), on my/our behalf.

SECTION C. AUTHORISED SIGNATORIES & ACCOUNT OPERATION MANDATE

Account Number	Account Type
1.	
2.	
3.	
4.	
Name (1): IC No./Passport No. & Country: Contact No.: Address: Postcode: <input type="text"/>	Limit: Specimen Signature:
Name (2): IC No./Passport No. & Country: Contact No.: Address: Postcode: <input type="text"/>	Limit: Specimen Signature:
Name (3): IC No./Passport No. & Country: Contact No.: Address: Postcode: <input type="text"/>	Limit: Specimen Signature:
Name (4): IC No./Passport No. & Country: Contact No.: Address: Postcode: <input type="text"/>	Limit: Specimen Signature:
Name (5): IC No./Passport No. & Country: Contact No.: Address: Postcode: <input type="text"/>	Limit: Specimen Signature:

Operation of Account (Please tick ☒ ONE only):

☐ Any one (1) to sign ☐ Any _____ to sign ☐ All to sign ☐ Others (please specify): _____

APPLICATION FOR CHEQUE BOOK – Only Applicable for Non-ADM Applications ONLY (Please tick ☒ ONE only)

I/We request for number (as per below) of Cheque Book(s) with 50 leaves each. Please debit my/our account with the cost of stamp duty and postage/courier charges (if any).

☐ 1 Cheque Book ☐ 2 Cheque Books ☐ 3 Cheque Books ☐ More than 3, please specify: _____

Please tick ☒ ONE only:

☐ Send the cheque book(s) to me/us by registered post/courier service to my/our account statement mailing address at my/our own risk and expense.*

☐ The cheque book(s) will be collected by me/us or my/our representative as stated below at my/our own risk.*

Name:

IC no./Passport no. & Country:

* For ADM offsite opening current account, customer would need to personally collect the cheque book at the branch.

SECTION D. REGISTRATION FOR ALLIANCE BizSmart ONLINE BANKING

ALLIANCE BizSmart ONLINE BANKING SERVICES – Enjoy 24x7 Hassle-Free Banking Convenience.

AUTHORISED CONTACT PERSON (Please indicate if details differ from Section A - Authorised Contact Person)

Name:	I.C. No.:	Mobile No.:
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ALLIANCE BizSmart MODULE (Please tick ☒ ONE only) – Board resolution is required for both Transactional and Inquiry Module

☐ **OPTION 1: Alliance BizSmart Transactional Module** (Transactional & Inquiry Services)

☐ Standard Package*

☐ BizSmart SME Solution

☐ _____

☐ **OPTION 2: Alliance BizSmart Inquiry Module** (Inquiry Services ONLY)

Note:

* Standard Fees and Charges shall apply. More information can be found in Alliance Bank Website.

* BizSmart SME Solution are only applicable to SME and Sole Proprietor where "BizSmart SME Solution" customers are bound by T&Cs which can be found in Alliance Bank Website

MODE OF PROFILE MAINTENANCE (As per indicated in board resolution)

COMPANY/SOCIETY/PARTNERSHIP (Please tick ☒ ONE only)

☐ **OPTION 1 – SELF MANAGE**

I/We would like to appoint the following persons to manage my/our user and company/business profile in Alliance BizSmart online banking.

- At least one (1) System Administrator and one (1) System Authoriser to be appointed where it is not allowed to be the same person.

System Administrator – Corporate Back Office

Name (in block letters)	I.C. No.	Mobile No.	Email Address
1.			
2.			

System Authoriser – Corporate Back Office (For Transactional Module, System Authoriser(s) listed below will be given one token each)

Name (in block letters)	I.C. No.	Mobile No.	Email Address
1.			
2.			

Payment Authoriser – Corporate Front Office (For transactional module only)

Total no. of tokens required:

* Minimum one (1) token is required for **Payment Authoriser**

☐ **OPTION 2 – BANK TO MANAGE**

I/We would like to appoint ABMB to manage the company/business users and profiles in Alliance BizSmart online banking.

- Please note that charges are applicable by appointing ABMB to manage the company/business users and profiles. Please complete the attached appendix and submit together with the Alliance BizSmart profile setup form.

SOLE PROPRIETOR (Bank to Manage only)

User will be defaulted to Authorised Contact Person in Section A unless different name has been indicated as Authorised Contact Person at top of this page.

ACCOUNT MAINTENANCE

Designated Account No. (To debit internet banking charges): _____

* Account no. must be indicated above or charges will be debited by default from first (1st) account no.

Account Linkage (Will be defaulted to **ALL ACCOUNTS** if not selected below)

☐ All accounts

☐ Account(s) number(s) specified below:

a) _____

c) _____

b) _____

d) _____

* Please attach Appendix for additional account number(s). Applicable to all Conventional and Islamic account under the same business entity and customer information records (CIF) with ABMB. All BizSmart services are available to all accounts by default.

Company/Business Transaction Limit (Will be defaulted to max limit if not declared):

Single Payment: **RM** _____ Bulk Payment: **RM** _____

Merchant ID (applicable for Credit Card merchant only):

DELIVERY OF TOKENS & PINS (Please tick ☒ ONE only):

Tokens and PINS are to be delivered to:

☐ Account Branch

☐ Mailing Address (as per statement mailing address)

* Will be defaulted to Mailing Address if not selected. For P.O.Box address, the Tokens and PINS will be sent to Account Branch for collection.

SECTION E. REGISTRATION FOR BIZ-XPRESS ATM CARD

BIZ-XPRESS ATM CARD – Enjoy ATM Convenience For Your Business Account With Our Cash Management Services.

Corporate Administrator	Biz-Xpress ATM Card Packages	Daily Limit*	Monthly Limit*
Name: Designation: IC No.:	Deposit only (DO)	RM0.00	RM0.00
	Full Access Low Limit (FAL)	RM1,000.00	RM5,000.00
	Full Access High Limit (FAH)	RM8,000.00	RM30,000.00
*Daily/Monthly Limit: Cash withdrawal limit over the ATM			

Card No. (For bank use only):																
Card Type (Please tick <input checked="" type="checkbox"/> ONE only): <input type="checkbox"/> Deposit Only <input type="checkbox"/> Full Access Low Limit <input type="checkbox"/> Full Access High Limit																
Card Reference (max of 20 characters only): 																
Account Linkage (Please tick <input checked="" type="checkbox"/> ONE only): <input type="checkbox"/> *All accounts <input type="checkbox"/> Account(s) number(s) specified below:																
a) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
b) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
c) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
d) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
e) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
f) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						

Card No. (For bank use only):																
Card Type (Please tick <input checked="" type="checkbox"/> ONE only): <input type="checkbox"/> Deposit Only <input type="checkbox"/> Full Access Low Limit <input type="checkbox"/> Full Access High Limit																
Card Reference (max of 20 characters only): 																
Account Linkage (Please tick <input checked="" type="checkbox"/> ONE only): <input type="checkbox"/> *All accounts <input type="checkbox"/> Account(s) number(s) specified below:																
a) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
b) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
c) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
d) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
e) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						
f) _____										<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Primary						

* Applicable to all current account and Al-Wadiah current account under the same business entity and customer information records (CIF) with ABMB. Each ATM card can be linked to a maximum of six (6) accounts only.

BUSINESS CREDIT CARD – Your Success. Now for the World to See.

CREDIT CARD TYPE (Please tick ☒ ONE only)

VISA		MasterCard	
<input type="checkbox"/> Visa Infinite Business Credit Card		<input type="checkbox"/> Business Platinum Card	<input type="checkbox"/> MyBusiness Platinum Card*
Special Features (Please tick <input checked="" type="checkbox"/> ONE only):		Special Features (Please tick <input checked="" type="checkbox"/> ONE only):	
<input type="checkbox"/> Feature A. <ul style="list-style-type: none"> Up to 1.5% Retail Spending Cash Back 26 Days Interest-Free Repayment Period 	<input type="checkbox"/> Feature B. <ul style="list-style-type: none"> Up to 2x Timeless Bonus Points 26 Days Interest-Free Repayment Period 	<input type="checkbox"/> Feature A. <ul style="list-style-type: none"> Up to 1.25% Retail Spending Cash Back 26 Days Interest-Free Repayment Period 	<input type="checkbox"/> Feature B. <ul style="list-style-type: none"> 13% Cash Rebate on Interest Paid 20 Days Interest-Free Repayment Period

* MyBusiness Platinum Card	
Card Image Production Fee	<ul style="list-style-type: none"> • RM106 (one-time fee) is chargeable upon Card approval to your Credit Card based on per company/business and per image.
Important Notes	<ul style="list-style-type: none"> • Card will feature an image relating to the business of the applicant. Card image guidelines will apply. • In the event of any inconsistency in the card design submitted, ABMB shall make reasonable attempts to contact you. ABMB shall use its discretion to finalise your card design selection in the event of your failure to reply within three (3) working days. • For MyBusiness Platinum Card application, your email contact in the Application Form is vital for ABMB to contact you to obtain clarification about the card image.

Information Applicable to all Business Credit Cards.

- Inclusive of Goods and Services Tax ("GST") at 6% unless otherwise stated.
- Applicants have to be over 21 years old to apply for Visa Infinite Business Credit Card, MyBusiness or Business Platinum MasterCard.
- Kindly be informed that an incomplete form may result in delay in its processing or a rejected application. Please allow up to 2 weeks for application processing upon receipt of the duly completed forms and documentation.
- If you are applying for both Visa Infinite Business Credit Card and Business Platinum MasterCard, there is only (1) credit limit assigned to your company and the credit limit will be shared between Visa Infinite Business Credit Card and Business Platinum MasterCard.

[illegible]

Authorised Contact Person for Submission of Documents (Please indicate if details differ from Section A - Authorised Contact Person)

Name:	I.C. No.:	Mobile No.:
Fax No./Email Address:	Position:	Office No.:

Declaration about Financing from Other Entities

I/We hereby disclose completely the following details of my/our other financing from other entities apart from ABMB's and confirm that the information is correct.

Name of Lender/Financier	Amount (RM)	Tenure (Months)	Monthly Repayment Amount (RM)

Continue to page 8 (Application for Business Credit Card 2/2) >>>

Customer's Initial	
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SECTION F. APPLICATION FOR BUSINESS CREDIT CARD 2/2

BUSINESS OPERATIONS

List of Suppliers (To list top 3 suppliers)

Supplier Details	Supplier (1)	Supplier (2)	Supplier (3)
Name of Business			
Business Registration No			
Business Address			
Major Goods Purchased			
Contact Person	Name: Email: Designation: Contact No.:	Name: Email: Designation: Contact No.:	Name: Email: Designation: Contact No.:
Average Monthly Purchases (RM'000)			
Credit Terms (days)			
Length of Relationship (years)			
Currency Type			

List of Buyers (To list top 3 buyers)

Buyer Details	Buyer (1)	Buyer (2)	Buyer (3)
Name of Business			
Business Registration No.			
Business Address			
Major Goods Sold			
Contact Person	Name: Email: Designation: Contact No.:	Name: Email: Designation: Contact No.:	Name: Email: Designation: Contact No.:
Average Monthly Sales (RM'000)			
Credit Terms (days)			
Length of Relationship (years)			
Currency Type			

FOR BRANCH USE ONLY

Branch Code:	Source Code:	Staff/Agent Code:
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Customer's Initial

For Alliance Bank's Use Only and Strictly Private & Confidential
(Universal Conventional - Version 7.1)

SECTION G. MERCHANT FACILITY

APPLICATION FOR MERCHANT FACILITY (Please tick (✓) where appropriate)

Merchant Type:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Mail/Telephone Order | <input type="checkbox"/> E-Commerce | <input type="checkbox"/> Recurring |
| <input type="checkbox"/> Interest Payment Plan (6 Months) | <input type="checkbox"/> Interest Payment Plan (12 Months) | <input type="checkbox"/> Interest Payment Plan (18 Months) | <input type="checkbox"/> Interest Payment Plan (24 Months) |

MERCHANT INFORMATION (Please indicate if details differ from Registered Business Details)

Trading Name:

Merchant Registered Name:

Trading Address:

Town:

State:

Postcode:

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Type of Business:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Hotel (03) | <input type="checkbox"/> Travel Agency (08) | <input type="checkbox"/> Petrol Station/Workshop (91) | <input type="checkbox"/> Restaurant (04) |
| <input type="checkbox"/> Airline (10) | <input type="checkbox"/> Dept. Store/Supermarket (11) | <input type="checkbox"/> Pub/Lounge/Karaoke (05) | <input type="checkbox"/> Finance & Insurance (F001) |
| <input type="checkbox"/> Retail (90/91): _____ | | <input type="checkbox"/> Others: _____ | |

No. of Years in Business:

Business Hours:

METHOD OF PAYMENT

Branch:

Account Number:

MERCHANT AUTHORISED CONTACT PERSON (Please indicate if details differ from Section A - Authorised Contact Person)

Name:

Designation:

Office Phone No.:

Fax No.:

Mobile No.:

Email Address:

FOR BANK USE ONLY

Merchant Category Code:

SECTION H. DECLARATION

General Declaration

a. I/We hereby:

- 1) declare that I/we am/are authorised to open the account(s) and apply for the service(s) stated herein.
 - 2) agree to comply with all the requirements imposed on me/us for opening of account(s) and application for Online Banking Services, and further agree that Alliance Bank Malaysia Bhd (Bank) reserves the right to close my/our account at its absolute discretion without giving any reasons if I/we fail to comply with any of ABMB's requirements.
 - 3) declare that I/we have not committed any act of bankruptcy as at the time the account(s) is/are opened.
 - 4) agree that ABMB reserves the right to offset any debit balance in my/our Current Account from my/our Savings Account/AllianceSave and/or Fixed Deposit Account.
 - 5) confirm that ABMB is authorised to verify and check any of the information given herein and to obtain credit and other relevant information on me/us from any party at any time.
 - 6) understand that it is ABMB's policy to conduct business/company searches in respect of all business accounts.
 - 7) confirm that the information given above is correct and complete and authorise ABMB to confirm this from any source ABMB may choose and further to seek and obtain credit information related to my/our application from any credit reporting agencies governed by Credit Reporting Agencies Act 2010.
 - 8) agree to examine the statement of account sent to me/us and notify ABMB of any errors, irregularities and/or discrepancies in the said statement of account and also to notify ABMB if I/we fail to receive such statement of account.
 - 9) agree that the nomination of authorised personnel made under "Authorised Signatory & Account Operation Mandate" herein shall be binding on me/us and undertake that any changes in respect of the authorised personnel shall be made in writing to ABMB.
- b. I/We irrevocably consent to and authorise ABMB to disclose to any financial institutions granting or intending to grant any credit facilities to me/us, any credit bureaus, any credit reference agencies, Bank Negara Malaysia, any authority/body having jurisdiction over ABMB, any security parties (including guarantors), ABMB's auditors, lawyers and/or authorised agents or to such person(s) and or entity(ies) as permitted by law, any information relating to my/our affairs, banking accounts or conducts thereof (including my/our credit standing) as ABMB deems necessary or expedient. I/We hereby consent to such disclosure and confirm that ABMB shall not howsoever be liable to me/us for the furnishing of such information.
- c. I/We hereby agree to indemnify ABMB as the collecting banker against all losses, claims, demands, proceedings, costs, expenses and other liabilities whatsoever and whensoever which ABMB may incur on any cheque, bill, note, draft, dividend warrant or other instruments presented by me/us for collection and such instruments shall be deemed to have been collected at my/our expressed request in every case for the credit of my/our account.
- d. I/We declare that we are in compliance and undertake to ensure compliance to the Foreign Exchange Administration Rules under the Financial Services Act 2013/Islamic Financial Services Act 2013 including but not limited to obtain the necessary approvals from Bank Negara Malaysia or any other authorities (as and when required).
- e. I/We also authorise the Bank to make this information available to Bank Negara Malaysia in compliance with Foreign Exchange Administration Rules.
- f. We acknowledge that the Foreign Exchange Administration Rules referred to herein is applicable as at the date hereof and may be subject to changes as imposed by Bank Negara Malaysia from time to time.
- g. I/We accept that Alliance Bank is at liberty to close our foreign currency account without further notice to us in the event we fail to comply with the applicable Foreign Exchange Administration Rules and/or Financial Services Act 2013/Islamic Financial Services Act 2013.
- h. I/We undertake to notify the Bank within 30 calendar days if there is a change in any information which we have provided to the Bank
- i. I/We accept that unless otherwise specified herein, ABMB charges exclude any current taxes and future taxes that may be imposed (including the Goods and Services Tax "GST"), under the relevant legislation. Upon the effective date of implementation of any such taxes in the future and wherever applicable, ABMB will be entitled to recover such taxes from me/us.

For External Account Only

a. I/We declare that I/we have no designated resident account maintained with any financial institution in Malaysia (Foreign Exchange Administration Rules-Notice 4).

For Foreign Account Tax Compliance Act (FATCA)

- a. I/We represent and declare that the information provided above is true, accurate and complete. I understand that the term "U.S. person⁽²⁾" means any citizen or resident of the United States
- b. I/We hereby consent for Alliance Bank Malaysia Berhad/Alliance Investment Bank Berhad/Alliance Islamic Bank Berhad, or any of its affiliates, including branches (collectively "the Bank") to report my information to regulatory authorities in accordance with the requirements of Foreign Account Tax Compliance Act as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.
- c. I/We hereby consent that the Bank may withhold from my account(s) such amounts in accordance with the requirements of Foreign Account Tax Compliance Act as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.
- d. I/We hereby consent that the Bank may classify me as a recalcitrant account holder or non-participating foreign financial institution ("NPFFI") and/or suspend, recall or terminate my account(s) and/or facilities granted to me, in the event I fail to provide accurate and complete information and/or documentation as the Bank may require.
- e. I/We undertake to notify the Bank in writing within 30 calendar days if there is a change in any information which I have provided to the Bank.

For Current/Savings Account Only (Where Section B were completed by me/us)

- a. I/We declare that I/we have not been reported by any bank to the Dishonored Cheque Information System of Bank Negara Malaysia (DCHEQS) and have not had any account closed by any bank in the last six (6) months. ABMB reserves the right to close my/our account should my/our name appear in the DCHEQS list without prior notice to me/us.
- b. I/We agree that no alterations whatsoever shall be made on cheques and that ABMB reserves the right to dishonour and return cheques which in ABMB's opinion bear any form of alteration, whether countersigned by me/us or otherwise.
- c. The cheque book should be kept under my/our own custody and ABMB shall not accept responsibility for any loss caused to me/us if through my/our own negligence, any person shall obtain payment of any sum belonging to you.
- d. I/We shall ensure that me/our account does not become overdrawn, even temporarily, unless I/we have made prior special arrangements with ABMB and I/we understand that a minimum charge of RM100.00 or an amount to be announced from time to time by ABMB will be levied on each cheque that is dishonoured owing to insufficient funds.

For Foreign Currency Account Only (Where Section B were completed by me/us)

- a. I/We agree that the account(s) in any foreign currency opened with ABMB will be operated in accordance with ABMB's rules & regulations governing Foreign Currency Deposits as may be amended from time to time.
- b. I/We confirm that I/we will at all times comply with the Foreign Exchange Administration Rules as well other governing regulations and requirements relating to the opening and operation of foreign currency accounts.

For PIDM Only

- a. I/We am/are aware that the account (Current Account, Savings Account, Fixed Deposit, Foreign Currency Current Account and/or Foreign Currency Fixed Deposit Account) that I/we have opened is insured by PIDM, and acknowledge receipt of a copy of the PIDM brochure.

For Cash Management, Online Banking and Biz-Xpress ATM Card Services Only (Where Section D and/or Section E were completed by me/us)

- a. I/We hereby confirm that I/we am/are authorised to act for and on behalf of the Company/Association/Club/Society/Partnership to apply for the Cash Management, Online Banking and Biz-Xpress ATM Card Services provided by ABMB.
- b. I/We agree that all transactions performed or effected through the Cash Management, Online Banking and Biz-Xpress ATM Card Services shall be made by

the authorised user(s) who are duly authorised to carry out/execute such transactions for and on behalf of me/us.

c. I/We agree to be bound by all transactions effected through the Cash Management, Online Banking and Biz-Xpress ATM Card Services whether or not the authorised users(s) of the services are the account signatories.

d. I/We authorise ABMB to debit my/our account (Designated Account), as indicated herein for the appropriate transaction charges, periodic subscription fees or any other charges in relation to the Cash Management, Online Banking and Biz-Xpress ATM Card Services, until ABMB receives a duly authorised request in writing for termination of the said services.

e. In the event of any discrepancies in the mode of profile maintenance in application form and Board Resolution, the instruction in the application form shall prevail.

For Business Credit Card Only (Where Section F was completed by me/us)

a. I/We hereby apply for the Alliance Bank Business Credit Card (Card) with such limit as issued by ABMB at its sole discretion based on my/our Company's/Business's performance, profitability and any other criteria set by ABMB which may change from time to time.

b. I/We request that ABMB issue at its discretion a Card to such person(s) as I/we may from time to time nominate and notify ABMB in writing.

c. I/We represent and warrant to ABMB that:

1) I/we have the legal right and full power and authority to apply for and (If this application is approved by ABMB) to use the Card.

2) where we are acorporation (i) I/We am/are a company duly incorporated in Malaysia (ii) This application and the use of the Card will not and are not likely to result in a breach of any provision of our Memorandum and Articles of Association or equivalent constitutional document; and (iii) Our Memorandum and Articles of Association empowers the directors to exercise all powers of the company to borrow money and the person(s) signing this application is/are authorised to sign and forward to ABMB this application on our behalf pursuant to the Board of Directors' Resolution attached;

3) all corporate action and approval necessary or relevant to our application herein has been duly taken or obtained and are in force; and

4) all corporate action and approval necessary or relevant to any request which I/we may from time to time submit to ABMB for the issuance of a Card to the person(s) named therein will be duly taken or obtained prior to the request being submitted to ABMB.

d. I/We acknowledge that a copy of the Alliance Bank Business Credit Card Agreement (Agreement) will be sent to me/us or our nominees. I/We agree to abide by the Terms and Conditions of the Agreement as may be amended by ABMB from time to time.

e. I/We have read and understood the Terms and Conditions of the Alliance Bank Business Credit Card ("Terms") together with the Product Disclosure Sheet ("PDS") and hereby agree to be bound by those Terms and Conditions. I/We acknowledge that a copy of each has been made available for my/our retention. I/We irrevocably agree that ABMB may at its sole discretion reject the application or reduce the amount (i.e. offer me/us a lower credit limit than that applied for) without my/our consent or assigning any reason therefor. I/We understand and acknowledge that the actual credit limit and interest rate to be provided by ABMB are dependent upon credit evaluation and subject to ABMB's absolute discretion and the transmission of the Product Disclosure Sheet to me/us does not create any obligation on ABMB to grant me/us any facilities.

f. I/We declare that all the information provided herein is true, correct and complete and hereby authorise ABMB to verify with and/or disclose to any party ABMB deems fit including but not limited to VISA International/MasterCard International and/or its officers, the Central Credit Unit of Bank Negara Malaysia, the Central Credit Reference Information System of Bank Negara Malaysia and/or its authority, any information concerning or relating to me/us whether financial or otherwise for any purpose which ABMB deems fit.

g. I/We further agree that ABMB's application form herein shall be conclusive evidence of my/our application for ABMB's Card(s) and this clause shall survive the termination, cancellation or revocation of the Card(s) by ABMB.

h. I/We understand that ABMB may be obligated under the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 and/or other laws and regulations to report certain transactions to Bank Negara Malaysia and/or other relevant authorities and I/we hereby consent to the same and agree that ABMB, its officers and employees shall be under no liability for making such reports.

i. I/We hereby agree to abide by the Terms and Conditions of the Card (which we declare to have read, understood and are bound immediately upon acknowledgement of receipt of the Card and or use of the said Card).

j. I/We agree that ABMB reserves the right to review the Card facility and such other facilities granted to me/us from time to time and at any time.

k. I/We agree that ABMB shall have the right to vary, reduce or terminate the facilities at any time at ABMB's sole discretion and notice shall be given of any material variation/changes.

l. I/We hereby unconditionally and irrevocably consent to the use by ABMB, free of all charges or fees, of our company name and/or logo and/or mark and any such forms and designs as selected on the Card or on any promotional material or other documents in relation to the Card.

m. I/We shall notify ABMB in the event that any of the above is breached.

I/We confirm that I am/we duly authorised by the company/business to sign this application form for and on its behalf.

(Please tick ☒ where applicable)

I/We hereby wish to apply for the products as indicated below and acknowledge that the use of the services is subject to ABMB Terms & Conditions (T&C) and Fees & Charges (F&C). I/We have read and agree to be bound by the said T&C and F&C of this application form and the T&C and F&C made available at www.alliancebank.com.my (including any subsequent revisions, variations and/or amendments as may be made from time to time).

☐ Current/Savings/Fixed Deposit Accounts
(I/We acknowledged receipt of the terms and conditions)

☐ Business Credit Card
(I/We acknowledged receipt of the terms and conditions)

☐ Foreign Currency Current/Fixed Deposit Accounts

☐ Alliance BizSmart Online Banking

☐ Biz-Xpress ATM Card

☐ Merchant Facility

For Branch Use ONLY

Signature Verified By
(For BPC ONLY):

Company/Business Stamp:

Signature	Name: Designation: I.C.No.: Date:	Signature	Name: Designation: I.C.No.: Date:
Signature	Name: Designation: I.C.No.: Date:	Signature	Name: Designation: I.C.No.: Date:

Customer's Initial

For Alliance Bank's Use Only and Strictly Private & Confidential

(Universal Conventional - Version 7.1)

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SECTION I. FOR BRANCH USE ONLY

FATCA - On-board of U.S. Person/Recalcitrant/category other than as declared in page 2 on exception basis:

Instruction: Please complete the "Approval Form- For On-Boarding New 'U.S Person/Recalcitrant Customer'" should the bank propose to on-board the following customers:

- A. Specified U.S Person** **V – X. Recalcitrant customer**
B. Non specified U.S Person **1 – 13. Category other than above.**

Declaration and acknowledgement

☐ I confirm that the necessary documents have been completed according to the classification declared by the customer above (Form W-8BEN-E, W-9 or Approval Form - For On-Boarding of New Customer who is 'U.S Person/Recalcitrant/Category other than above', whichever applicable) and the customer's FATCA status has been entered into the system accordingly.

Attended by: Name: Designation: Sales ID/Armcode:	Verified by: Name: Designation:	Branch Name: BU Code: Branch Stamp: Date Received:
Approved by: Name: Designation:	Activated by (applicable for Biz ATM Card only): Name: Designation:	

No.	Account Opening Checklist	Tick <input checked="" type="checkbox"/> & Initial to confirm
1.	DCHEQS checked date:	<input type="checkbox"/>
2.	SSM or other relevant search date:	<input type="checkbox"/>
3.	Photocopy of NRIC (both sides) and/or passport (1 st 3 pages) – If MyCard verification fails	<input type="checkbox"/>
4.	Business unit code maintenance	<input type="checkbox"/>
5.	Scanning of signature (clerk to initial)	<input type="checkbox"/>
6.	Verification of scanned signature (officer to initial)	<input type="checkbox"/>
7.	Terms and Conditions - signed at the designated declaration column	<input type="checkbox"/>
8.	Ensure that the nature of business doesn't conflict with Shariah principles.	<input type="checkbox"/>
9.	Duly completed application form	<input type="checkbox"/>
10.	Signature(s) on application form is as per mandate specified on Board Resolution	<input type="checkbox"/>
11.	Certified copy of Board Resolution	<input type="checkbox"/>
12.	Special Campaigns (if applicable), please specify campaign code: _____	<input type="checkbox"/>
No.	Alliance BizSmart "SME Solution" Package Eligibility Checklist	Tick <input checked="" type="checkbox"/> & Initial to confirm
1.	Customer is a SME/Sole Proprietor customer with BU code: 400, 401, 402, 403	<input type="checkbox"/>
2.	Customer has at least one eligible account with Product code: BC, BCi, D1, F1, F4 & F7 only	<input type="checkbox"/>
3.	Customer's eligible account has NO BRS and Savelink account	<input type="checkbox"/>
4.	Customer signs up for Alliance BizSmart Transactional Module.	<input type="checkbox"/>

FOR BRANCH USE ONLY

FATCA STATUS CODE: SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, PRIVATE LIMITED AND PUBLIC LIMITED COMPANIES ONLY

Status code	Entity's categories	Guidance
A	Specified US person	Please refer to Form W-9
B	Non specified US person	Please refer to Form W-9
C	Non US government and Non US central bank	-
D	Public listed entity (non-FI) that is regularly traded on Bursa Malaysia or another stock exchange outside the United States, including its subsidiaries	
E	Non-reportable Passive NFFE	
F	Active NFFE	
G	Nonparticipating FFI (including a limited FFI or limited branch).	Please refer to Form W-8BEN-E for the entity categories. For category "G – Non participating FFI", it is applicable if: (i) It is customer's self-declaration; or (ii) None of the above is selected but does not complete Form W-8BEN-E
H	Participating FFI.	
I	Reporting Model 1 FFI.	
J	Reporting Model 2 FFI.	
K	Registered deemed-compliant FFI	
L	Sponsored FFI that has not obtained a GIIN	
M	Certified deemed-compliant non registering local bank.	
N	Certified deemed-compliant FFI with only low-value accounts.	
O	Certified deemed-compliant sponsored, closely held investment vehicle.	
P	Certified deemed-compliant limited life debt investment company	
Q	Certified deemed-compliant investment advisors and investment managers	
R	Owner-documented FFI.	
S	Restricted distributor.	
T	Non reporting IGA FFI.	
U	Reportable Passive NFFE	Please refer to Form W-8BEN-E
V	Recalcitrant customer that are passive NFFE	If the entity is identified as "U - Reportable Passive NFFE" but does not fill up Form W-8BEN-E
W	Recalcitrant customer that is US person	If the entity is incorporated in US but does not fill up Form W9
X	Recalcitrant customer that is dormant account	-
1 - 13	Category other than above	Please refer to Form W-8BEN-E for the entity categories

Definitions

- (1) Financial institutions means any entity that:
 - (i) Accepts deposits in the ordinary course of a banking or similar (depository institution), or
 - (ii) Holds, as a substantial portion of its business, financial assets for the benefit of one or more other persons (custodial institution); or
 - (iii) Is an investment entity; or
 - (iv) Is an insurance company that is obligated to make payments with respect to, a cash value insurance or annuity contract (specified insurance company); or
 - (v) Is an entity that is a holding company or treasury centre (that is part of the group of (i) – (v) as above or formed as a collective investment vehicle, mutual fund, exchange traded fund, private equity fund, hedgefund, venture capital fund, leveraged buyout fund, or any similar investment vehicle established with an investment strategy of investing, reinvesting, or trading in financial assets
- (2) The term U.S. person or United States person means a person described in section 7701(a)(30) of the Internal Revenue Code:
 - (i) a citizen or resident of the United States,
 - (ii) a United States partnership,
 - (iii) a United States corporation,
 - (iv) any estate (other than an estate the income of which, from sources without the United States which is not effectively connected with the conduct of a trade or business within the United States, is not includible in gross income under the Internal Revenue Code), and
 - (v) any trust if
 - (a) A court within the United States is able to exercise primary supervision over the administration of the trust, and
 - (b) One or more United States persons have the authority to control all substantial decisions of the trust.
- (3) Substantial United States owners mean:
 - (i) With respect to any foreign corporation, any specified U.S. person that owns, directly or indirectly, more than 10 percent of the stock of such corporation (by vote or value)
 - (ii) With respect to any foreign partnership, any specified U.S. person that owns, directly or indirectly, more than 10 percent of the profits interests or capital interests in such partnership; and
 - (iii) In the case of a trust:
 - (a) Any specified U.S. person treated as an owner of any portion of the trust under sections 671 through 679; and
 - (b) Any specified U.S. person that holds, directly or indirectly, more than 10 percent of the beneficial interests of the trust.