

Date \_\_\_\_\_

COMPANY DETAILS			
REGISTERED NAME			
REGISTERED ADDRESS			
PHONE NUMBER		FAX NUMBER	
EMAIL ADDRESS			
USER 1		USER 2	
Title		Title	
Name		Name	
ID Number		ID Number	
Position		Position	
Mobile/Phone number		Mobile/Phone number	
Email Address		Email Address	
Signature		Signature	
Type of Access (Please tick one)	<input type="checkbox"/> View Only or <input type="checkbox"/> View & Transact as initiator or <input type="checkbox"/> View & Transact as authoriser	Type of Access (Please tick one)	<input type="checkbox"/> View Only or <input type="checkbox"/> View & Transact as initiator or <input type="checkbox"/> View & Transact as authoriser
Accounts to be restricted (if any)		Accounts to be restricted (if any)	
Mode of Operation	Number of initiator <input type="text"/> Number of authoriser <input type="text"/> for a transaction		
GROUP/LINK COMPANIES (Optional) : _____			
<b>Note: Please print additional form for more than 2 users.</b>			
LIMIT FOR COMPANY (Unlimited by default)			
<input type="checkbox"/> Unlimited <input type="checkbox"/> Daily Limit MUR <input type="text"/>			
<b>Note: Please submit your Company's Board resolution (specifying users' limits if any)</b>			
AUTHORISED COMPANY SIGNATORIES			
NAME		NAME	
POSITION		POSITION	
SIGNATURE		SIGNATURE	
Company Seal (If Applicable)			