Maybank | Maybank2E

☐ New Application ☐ Update Application

USER PROFILE & ACCESS MATRIX APPLICATION FORM

Kindly complete the form in CAPITAL LETTERS and return to Maybank Indonesia. For further enquiries, please visit www.maybank.co.id

A. COMPANY DETAILS

Company Name *

B. CORPORATE ACCOUNT to be used for Bank Charges

☐ Charge Debit Account   ☐ Charge Primary Billing Account (Please Indicate Below)

Account No. *   Base Currency *

C. SERVICES REQUIRED

Please tick (✓) below for services required only.

MODULES

☐ **Account Services**

☐ Deposit (Current Account) ☐ Loan ☐ Investment (Time Deposit) ☐ Other Bank Account ☐ Other: ....

☐ **Payment Management**

☐ Book Transfer Own Account   ☐ *Payroll Management*
☐ Book Transfer Third Party   ☐ *Paylife*
☐ RTGS,SKN,Domestic Online   ☐ *Cheque Book Management*
☐ Payment Bills Payment   ☐ *Statutory Body (Tax Payment)*

☐ **Collection Management**   ☐ *Direct Debit*   ☐ *Virtual Account*

☐ **Liquidity Management**

☐ **Regional Link**

D. SYSTEM ADMINISTRATOR (Non mandatory. Applicable only for Administrator by Corporate)

MAKER	CHECKER
Name (Mr./Mrs./Ms.)*:	Name (Mr./Mrs./Ms.)*:
Designation :	Designation :
Email* :	Email* :
Tel No./Mobile No.* :	Tel No./Mobile No.* :
ID/Passport No.* :	ID/Passport No.* :

CLIENT INITIAL   STAMP

E. USER NOMINATION DETAILS

Appoint this below users to operate M2E according to their designated role. If there are more accounts in companies/subsidiaries, please make copies of this page before filling up.

USER 1 ☐ New ☐ Update ☐ Delete
Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____
Email* : _____

Tel No./Mobile No.* : _____
ID/Passport No.* : _____
User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
☐ Verifier ☐ Releaser

Confidentiality : ☐ Allowed to View Details
☐ Email Notification

Applicable for Payroll Management only
Access Right : ☐ Staff ☐ includes Management

USER 2 ☐ New ☐ Update ☐ Delete
Existing ID : _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____
Email* : _____

Tel No./Mobile No.* : _____
ID/Passport No.* : _____
User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
☐ Verifier ☐ Releaser

Confidentiality : ☐ Allowed to View Details
☐ Email Notification

Applicable for Payroll Management only
Access Right : ☐ Staff ☐ includes Management

USER 3 ☐ New ☐ Update ☐ Delete
Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____
Email* : _____

Tel No./Mobile No.* : _____
ID/Passport No.* : _____
User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
☐ Verifier ☐ Releaser

Confidentiality : ☐ Allowed to View Details
☐ Email Notification

Applicable for Payroll Management only
Access Right : ☐ Staff ☐ includes Management

USER 4 ☐ New ☐ Update ☐ Delete
Existing ID : _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____
Email* : _____

Tel No./Mobile No.* : _____
ID/Passport No.* : _____
User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
☐ Verifier ☐ Releaser

Confidentiality : ☐ Allowed to View Details
☐ Email Notification

Applicable for Payroll Management only
Access Right : ☐ Staff ☐ includes Management

USER 5 ☐ New ☐ Update ☐ Delete
Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____
Email* : _____

Tel No./Mobile No.* : _____
ID/Passport No.* : _____
User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
☐ Verifier ☐ Releaser

Confidentiality : ☐ Allowed to View Details
☐ Email Notification

Applicable for Payroll Management only
Access Right : ☐ Staff ☐ includes Management

USER 6 ☐ New ☐ Update ☐ Delete
Existing ID : _____

Name (Mr./Mrs./Ms.) * : _____

Designation : _____
Email* : _____

Tel No./Mobile No.* : _____
ID/Passport No.* : _____
User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
☐ Verifier ☐ Releaser

Confidentiality : ☐ Allowed to View Details
☐ Email Notification

Applicable for Payroll Management only
Access Right : ☐ Staff ☐ includes Management

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* NOTE : All fields marked with an asterisk (*) are compulsory and must be filled out for your application to be accepted.
Please cross for any unrequired fields / information

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F. AUTHORISED ACCOUNT / ACCESS MATRIX

Please tick (✓) in the appropriate box below to assign modules and user access. If there are more accounts in companies/subsidiaries, please make copies of this page before filling up.

ACCOUNT NUMBER(S) (For example : Current Account, Trade, Loan Account, Other Bank Account, etc.)	A/C Services	MODULE(S) — Payment Management (Electronic Payment, Payroll Management, Cheque Book Management)											RL	USER(S)
		BT-OA	BT-TP	SKN	RTGS	TO	OTT	BP	SPRL	MPRL	CBM	TAX		
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LEGEND :

Payment Management

- BT-OH - Book Transfer Own Account
- BT-TP - Book Transfer Third Party
- ACH   - Outward SKN
- RTGS   - Outward RTGS
- TAX   - Statutory Body (Tax Payment)

- TO   - Transfer Online
- OTT - Outward Telegraphic Transfer
- RL   - Regional Link
- BP   - Bills Payment

Payment Management - *Payroll Management*

- SPRL   - Staff Payroll , MPRL - Management Payroll

Payment Management - *Cheque Book Management*

- CBM   - Cheque Book Management

G . AUTHORISATION CONDITION MATRIX

Please specify the Authorisation condition matrix in Authorisation Matrix table below. If there are more uthorisation cndtion matrix in companies/subsidiaries, please make copies of this page before filling up.

AUTHORISATION MATRIX *(For Example : Maker + Approval + Releaser)*	

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H. TRANSACTION LIMIT

NO	PRODUCT	PER TRANSACTION LIMIT
1	Book Transfer Own Account	
2	Book Transfer Third Party	
3	Domestic Transfer - SKN	
4	Domestic Transfer - RTGS	
5	Domestic Transfer - Online	
6	Outward Telegraphic Transfer	
7	Bill Payment	
8	Statutory Body (Tax Payment)	
9	Multi Debit / Grand Debit	
10	Liquidity Management (Sweeping)	

	DAILY TRANSACTION LIMIT FOR CORPORATE	

I. ACKNOWLEDGEMENT

I / We hereby state that the information given in this form is true, accurate, complete and not misleading.

I / We hereby declare that I have read, understood, accepted and agreed to the Maybank Terms and Conditions on Maybank2E service.

STAMP DUTY

Authorised Signatory **

Name (Mr./Mrs./Ms.) : _____

Date (DDMMYYYY) : _____

Authorised Signatory **

Name (Mr./Mrs./Ms.) : _____

Date (DDMMYYYY) : _____

** Authorised Signatory(ies) as per Board of Resolution with Maybank.

CLIENT INITIAL	STAMP

NOTE : All fields marked with an asterisk (*) are compulsory and must be filled out for your application to be accepted.
Please cross for any unrequired fields / information

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J. FOR BANK USE ONLY

| For initiating centre use only | For Cash Management Department (CMD) use only |

For initiating centre use only

Confirmed by :

We hereby verify and confirm the above signatory(ies) is/are genuine and wish to recommend them for the Maybank2E services as stated in this application.

Customer Services   :

_____
Signature

Supervisor Customer Services/   :
Service Manager

_____
Signature

Branch Manager/   :
Area Branch Manager

_____
Signature

For Cash Management Department (CMD) use only

Sales Name   : _____

NPK   : _____

Phone Number   : _____

Email   : _____

Branch   : _____

TB Implementation

Maker   :

_____
Signature

Checker   :

_____
Signature

Checklist for completeness of M2E form (by Maybank branch)

Initialize the Checker box below according to the completeness of the form

NO	CHECKLIST	CHECKER
1	Attachment of a copy of the identity of the signing Officer and user - WNI: Using KTP - FOREIGNERS: Using a Passport - Especially for the official signing Foreigners must attach Passport &	
2	If if a third party account is registered, make sure the Approval Form & Power of Attorney is attached.	
3	If there are additional tokens, make sure the Power of Attorney Form for Account	
4	In section E, the name, access role, email address and telephone number of the user must be filled in completely.	
5	In section F, Writing a clear account number and must be complete.	
6	In section J, Signature, clear name and position of CS, Spv / SM, BM / ABM must be filled in	
7	Call Back stamp of the signing official containing the name of the official, telephone number, date, and name of the branch officer and the results of the call back must	

Please make sure:

1. **Address** and the DCIF office address telephone number as the token delivery address must be completely filled
2. **General column email address** DCIF as a company email must be filled in completely
3. **Name and data of Officials** the signatory of the form must be filled in completely on the Related CIF
4. Form submitters must be via email to the Service Manager or Customer Service Supervisor

CLIENT INITIAL	STAMP