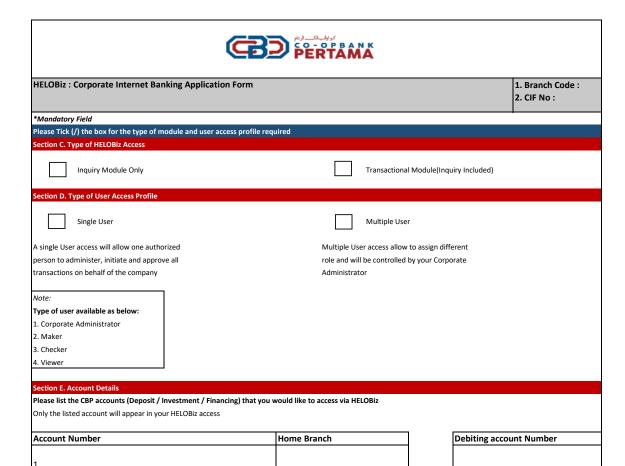


HELOBiz : Corporate Internet Banking Application Form 1. Branch Code: 2. CIF No: Please read the following before completing this form: > Complete this form to register for HELOBiz: Corporate Internet Internet Banking. > For Small-Medium Business, the form must be signed by the Authorized Person in accordance with the account operating instructions. > For Private Limited, the form submission must be accompanied by Board of Directors Resolution Form. > Please submit this application form with all supporting documents to your Home Branch or to any nearest CBP branches. For Inquiry or assistance in completing this form, please call our contact centre 1 300 88 7650 or email info@cbp.com.my *Mandatory Field Section A. Company Details Company Name* Company Phone Number* Company Registration Number* Company Fax Number* Business Type* Company Email* **HELOBiz Authorized Contact Person** Business Registered Address* 1. Name (Mr,Ms,Mrs)* 2. Designation 3. NRIC/Passport No.* 4. Mobile No* 5. Email Address* Mailing Address *if different with above 1. Name (Mr, Ms, Mrs)* 2. Designation 3. NRIC/Passport No.* 4. Mobile No* 5. Email Address* The Authorized Person details will be used for HELOBiz communication Section B. HELOBiz Corporate Administrator Please fill-in the name of your authorized Corporate Administrator(s) for HELOBiz transaction limits. > Corporate Administrator will have the right to add, modify the User's Access Profile (including resetting User Password) and function > Corporate Administrator will be assigned a unique User ID by CBP to allow first time sign-on to HELOBiz > Corporate Administrator will be responsible to create the Corporate End-Users ID (Viewer / Maker / Checker) > Your Corporate Administrator will be responsible to set the type of access (view or transact) HELOBIZ CORPORATE ADMINISTRATOR DETAILS 1. Corporate Administrator Full Name (as per IC/ Passport)* (Maker) Mobile Phone* Email Address* NRIC or Passport Number* User ID* (Provided by User-Alphanumeric) At least 8 character (no symbol) 2. Corporate Administrator Full Name (as per IC/ Passport)* (Checker) Mobile Phone* Email Address* NRIC or Passport Number* User ID* (Provided by User-Alphanumeric) At least 8 character (no symbol)



The debiting account will be used by the bank to debit any fees and transaction charges applicable for the use of HELOBiz



eleting thisform, please call our Contact Centre 1 300 88 7650 or email info@cbp.com.my

| Access Fee & Transaction Charges | | |
|---|------|--|
| Transaction Description | Fee | |
| Annual Fee (Inquiry Module) | FREE | |
| Annual Fee (Transactional Module) | FREE | |
| On-site Training Fee (if required additional) | FREE | |
| Duit Now | FREE | |
| Own Account Transfer | FREE | |
| 3rd Party Account Transfer | FREE | |
| Bill Payment | FREE | |
| Salary payment | FREE | |

| Transaction Description | Fee |
|--|------|
| Companion Pairing Application (Soft Token) | FREE |

| Transaction Description | Fee |
|-------------------------|------|
| Email | FREE |
| SMS | FREE |

I/We hereby
i) Confirm our acceptance as per the terms & conditions for the HELOBiz
ii) Confirm that all information provided by us in this Application Form are true, correct and not misleading.
iii) Confirm that I / We are duly authorized and appointed by the Company to operate all aspect of the Company's account from time to time with the Bank by the relevant and applicable Board(s) of Resolution iv) Authorize the Bank to debth the account for fees and charges
v) Confirm that I/We hereby give my/our consent for CBP to process my/our personal data/information in relation to this application and to process my/our personal data pursuant 2010
to Personal Data Protection Act**.

| Authorized Person Signato | ry *** and Company Stamp (Chop) | Authorized Person Si | ignatory *** and Company Stamp (Chop) |
|---------------------------|---------------------------------|----------------------|---------------------------------------|
| Name | : | Name | : |
| Designation | : | Designation | |
| NRIC / Passport No. | : | NRIC / Passport No. | |
| Date | : | Date | |
| | | _ | |

***: Authorised Person(s) signature as per Circular Resolution/Board Resolution for subscription of HELOBiz offered by CBP.

ease specify the preferred branch location for collection of your HELOBiz Welcome Pack

| Section I. Document Checklist for Application Submission | | | | |
|--|---|--|--|--|
| | | | | |
| Please ensure the following | | | | |
| | Complete the application form | | | |
| | $Submit \ certified \ true \ copy \ by \ Company \ Director \ or \ Company \ Secretary \ for \ NRIC \ of \ Corporate \ Administrator$ | | | |
| _ | Submit certified true copy by Company Secretary for Circular Resolution/Board | | | |
| | Resolution for subscription of HELOBiz offered by CBP | | | |
| | for company registered under ROC and Statutory Body. | | | |
| | Submit certified true copy by Company Secretary for Form 24 and Form 49 for company registered under ROC. | | | |
| | Submit Form B for company registered under ROB | | | |
| | | | | |

| Company CIF No. | | |
|----------------------|---|-------------------------------|
| Checked By (Officer) | : | Verified By (Branch Manager) |
| Designation | 4 | Designation |
| Branch Name | : | Branch Name |
| Date | : | Date |
| | | |
| | | |
| Signature | : | Signature |