

**MERCHANT MAINTENANCE FORM  
(ONLY FOR EXISTING MERCHANT CUSTOMER)**

**Important Notice: Please read and understand the terms and conditions of the services before you decide to apply and if you do not understand any of the terms and conditions, you may clarify any CIMB branches.**

This is an editable PDF Form, handwritten application form is not acceptable. You may type on this form and print it out for submission to the Bank for processing. Please use CAPITAL letters and tick (✓) boxes where applicable. For step-by-step guidance on how to fill in this form, please visit CIMB website at <https://www.cimb.com.my/merchantsolutions>. Please submit duly completed Maintenance Form to any CIMB branches.

**► BUSINESS INFORMATION (MANDATORY)**

Business Registered Name

Contact Person

Merchant Number (MID)

Mobile Number

 - 

Application Date

Email Address

**► SECTION A: BUSINESS INFORMATION UPDATE**

Please also update your business information details for the corresponding Current Account (Merchant Designated Account) at any CIMB branches. Kindly attach supporting documents such as Form 13 or relevant business registration documents.

Business Registered Name

Business Registration Number (New)

*Only alphabet and numeric, without spacing is allowed***► SECTION B: CHANGE OF HEADQUARTERS (HQ) ADDRESS AND/OR CONTACT PERSON'S DETAILS**

Trading Name

HQ Contact Person's Number

 - 

HQ Address

Postcode	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Country	<input type="text"/>

Email Address (mandatory)

(for e-Access registration or communication purposes)

Please indicate below for changes to email address of the following systems:

 eCommerce (email address) MPOS Portal (email address) RPS (email address)

Please tick (✓) here if the outlet trading name, address, and contact details are the same as HQ information above.

**▶ SECTION C: CHANGE OF OUTLET ADDRESS & CONTACT PERSON'S DETAILS**

If you have more than one (1) outlet, please use the outlet Appendix form to provide other outlet(s) information.

Trading Name <input style="width: 95%; height: 20px;" type="text"/>	Outlet Contact Person <input style="width: 95%; height: 20px;" type="text"/>					
Address <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;">Postcode</td> <td style="border: none;"><input style="width: 10%; height: 20px;" type="text"/></td> <td style="border: none;"><input style="width: 10%; height: 20px;" type="text"/></td> <td style="border: none;"><input style="width: 10%; height: 20px;" type="text"/></td> <td style="border: none;"><input style="width: 10%; height: 20px;" type="text"/></td> </tr> </table> City State Country	Postcode	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	Mobile Number <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 55%; height: 20px;" type="text"/>  Outlet Terminal ID (TID) TID 1: <input style="width: 60%; height: 20px;" type="text"/> TID 2: <input style="width: 60%; height: 20px;" type="text"/> TID 3: <input style="width: 60%; height: 20px;" type="text"/>
Postcode	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>	<input style="width: 10%; height: 20px;" type="text"/>		

**▶ SECTION D: CHANGE OF MERCHANT'S DESIGNATED ACCOUNT & PAYMENT DETAILS**

Please tick (✓) one and fill in all the information required.

Merchant Number (MID)	<input style="width: 95%; height: 20px;" type="text"/>		
<input type="checkbox"/> CIMB Bank Account	CIMB Current Account Number <input style="width: 95%; height: 20px;" type="text"/>		
<input type="checkbox"/> Other Bank via Interbank GIRO <input type="checkbox"/> IBG <input type="checkbox"/> Rentas <i>(Please attach bank statement)</i>	Bank Name	<input style="width: 95%; height: 20px;" type="text"/>	
	Bank Account Number	<input style="width: 95%; height: 20px;" type="text"/>	
Reason(s)			
<input type="checkbox"/> Merchant Request <input type="checkbox"/> Payment Reject <input type="checkbox"/> Others _____			

**▶ SECTION E: EDIT PLUG N PAY READER(S) AND TAP N PAY ACTIVATION DETAILS**

Applicable to Plug n Pay reader(s) and Tap n Pay ONLY. Please fill in all the information required.

Contact Person <input style="width: 95%; height: 20px;" type="text"/>	Email Address for Activation Purpose <input style="width: 95%; height: 20px;" type="text"/>
Mobile Number <input style="width: 15%; height: 20px;" type="text"/> - <input style="width: 55%; height: 20px;" type="text"/>	

**▶ SECTION F: TRANSACTION CAPPING LIMIT (APPLICABLE TO PLUG N PAY / TAP N PAY READER(S) ONLY)**

Please tick (✓) one and fill in all the information required. To provide five (5) receipts as supporting document to increase capping.

Terminal Type	Single Transaction Amount	Daily Sales Amount	Monthly Sales Amount
<input type="checkbox"/> Plug n Pay	RM	RM	RM
<input type="checkbox"/> Tap n Pay	RM	RM	RM

**➤ SECTION G: TERMINAL / EQUIPMENT REQUEST (FOR EXISTING MERCHANT/MID ONLY)**

I/We would like to request for **additional Terminal(s)**.

Permanent                       Temporary (only applicable for EDC)

Please tick (✓) and fill in all the information required.

Please (✓)	Terminal Type	No of unit	Rental / Charges / Deposit per unit
<input type="checkbox"/>	EDC		Rental RM 50 per terminal per month Others: _____
<input type="checkbox"/>	Purchase Lighthouse BT (Plug n Pay)		Cost RM 550 per unit
<input type="checkbox"/>	Tap n Pay		Deposit per device download RM 120 Subscription fees per device download RM 10 per month
<input type="checkbox"/>	DuitNow QR Sticker		No charge

I/We would like to authorise the Bank to debit or cause to be debited from CIMB Bank / CIMB Islamic Bank Account No  ("Merchant's Designated Account for the items indicated above)

Installation Contact Person

Mobile Number  
 -

Installation Address

Postcode

City

State

Country

**Additional information required for temporary terminal request:**

Requested Terminal Installation Date

Terminal Retrieval Date

Retrieval Address

Postcode

City

State

Country

I / We would like to request for the **change of Terminal type**.

Terminal Type (please indicate)

From Dial Up to Wireless Terminal     
  From Wireless Terminal to Dial Up     
  Upgrade to Android Terminal

Please indicate the Terminal IDs:

TID 1:      
 TID 2:      
 TID 3:

TID 4:      
 TID 5:      
 TID 6:

*Note: For key merchant, kindly refer to your Acquiring Sales Relationship Manager for assistance on change of terminal type.*

**➤ SECTION G: TERMINAL / EQUIPMENT REQUEST (FOR EXISTING MERCHANT/MID ONLY)... CONTINUE**
 I/We would like to request for **reactivation of Merchant ID (MID) and/or Terminal ID (TID)**.

Applicable to MID &amp; TID terminated less than 6 months ONLY; Please proceed to submit a new application if more than 6 months.

Reactivation of MID/TID	MID/TID Number	Installation of Terminal Required (for reactivation)
1. <input type="checkbox"/> MID <input type="checkbox"/> TID	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. <input type="checkbox"/> MID <input type="checkbox"/> TID	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <input type="checkbox"/> MID <input type="checkbox"/> TID	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <input type="checkbox"/> MID <input type="checkbox"/> TID	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have more than four (4) MID/TIDs, please use the Appendix to provide other MID/TIDs information.

**➤ SECTION H: TERMINATION**

Please tick (✓) one and fill in all the information required.

I / We hereby wish to terminate my / our use of the **merchant services / facilities** below:  
 Main MID                       Main TID

I / We hereby wish to terminate my / our selected **Merchant Terminal(s)** listed below:  
 Main TID 1                       Main TID 2   
 Main TID 3                       Main TID 4

I / We hereby wish to remove my / our **Merchant Service Acceptance(s)** indicated below:  
 Main MID                       Main TID   
 JCB                       IPP                       UPI                       DCC                       AliPay  
 \_\_\_\_\_                       \_\_\_\_\_                       \_\_\_\_\_

If there are more MID/TIDs to be terminated, please use the Appendix to provide other MID/TIDs information.

Main MID is also known as Walk-in MID.

**► DECLARATION BY THE APPLICANT / AUTHORISED SIGNATORY FOR THE APPLICANT**

By signing this Merchant Maintenance Form, I / we confirm that:

1. All the information in this form are true, accurate and complete.
2. I / We hereby agree that this completed maintenance form shall belong to and remain the property of the Bank. Any documents submitted by me / us to the Bank are non-returnable. I / We agree to provide any additional documents requested by the Bank for the processing of my / our request.
3. I / We warrant to the Bank that I / we have the power to duly complete and submit this form, and the undersigned has been authorised to sign this application form and to confirm these declarations.
4. The Declaration Below Applicable Only for Section G - 'TERMINAL / EQUIPMENT REQUEST (FOR EXISTING MERCHANT/MID ONLY)':
  - (a) I/We acknowledge and understand the Bank reserves the right to reject my / our request for additional terminal/equipment at its discretion without any reasons whatsoever.
  - (b) Where the request is for additional terminal/equipment is approved, I / we authorise the Bank to deduct the terminal/equipment deposit and rental charges (if applicable) ("the Charges") from my / our sales proceeds and/or to debit or cause to be debited the Charges from the Merchant's Designated Account without further reference to me / us.
  - (c) I / We hereby undertake to maintain sufficient funds in the Merchant's Designated Account at all times to pay the Charges and any other payments that I / we shall make from the Merchant's Designated Account, including cheques that are issued (if any). I / We agree that the Bank will not be held liable for defamation and/or for breach of contract and/or for any losses, damages, expenses, costs or charges which may be claimed to arise from the Bank making deductions pursuant to my / our above authorisation and/or pursuant to any remarks placed on the returned cheque(s) by the Bank and/or if the cheque(s) issued was returned due to insufficient funds in the Merchant's Designated Account.
  - (d) I/We hereby agree that the additional terminal/equipment shall be subject to the Merchant Services Terms and Conditions read together with the applicable appendix(es) which are published on the Bank's website at [www.cimb.com.my/merchantsolutions](http://www.cimb.com.my/merchantsolutions); the Operating Policies and Procedures of PayNet and any other terms and conditions agreed with the Bank (collectively referred to as the "Terms"), and my / our use of the additional terminal/equipment signifies my / our unconditional acceptance of the Terms.
  - (e) I/We agree to take all necessary precautions to prevent the terminal/equipment from theft or damage. On the occurrence of theft, loss, or damage, I/we undertake to indemnify the total cost of the terminal/equipment upon demand by the Bank or alternatively, the Bank shall have the right at any time to deduct the terminal/equipment cost against the available terminal deposit and/or sales proceeds and/or to debit or cause to be debited such terminal/equipment cost from the Merchant's Designated Account.

**► SIGNATURE OF APPLICANT(S) / AUTHORISED SIGNATORY(S)**

Note: The applicant(s) / Authorised Signatory(s) signing this form must be the person(s) authorised to operate the Merchant's Designated Account as per the Bank's record.

Name

Identification Number (NRIC/Passport)

Designation

Name

Identification Number (NRIC/Passport)

Designation

Name

Identification Number (NRIC/Passport)

Designation

Name

Identification Number (NRIC/Passport)

Designation

**➤ FOR BANK'S USE ONLY**
**ADDITIONAL INFORMATION FOR TERMINAL REQUISITION:**

Terminal Type	<input type="checkbox"/> IP	<input type="checkbox"/> Dial Up	<input type="checkbox"/> GP-Mobile	<input type="checkbox"/> Lighthouse BT		
	<input type="checkbox"/> Android	<input type="checkbox"/> Others				
Tag-On by	<input type="checkbox"/> Amex	<input type="checkbox"/> UPI	<input type="checkbox"/> DuitNow QR	<input type="checkbox"/> Issuer IPP	<input type="checkbox"/> TnG	<input type="checkbox"/> AliPay
	<input type="checkbox"/> BP	<input type="checkbox"/> Others				
<i>(For Tag-On, please complete &amp; attach the Tag-On Form)</i>	<input type="checkbox"/> DCC	<input type="checkbox"/> GHLeWallet				
Terminal Mode	<input type="checkbox"/> Retail	<input type="checkbox"/> Tips (F&B)	<input type="checkbox"/> Pre-Auth & Offline (Applicable only for Hotel, Hospital & Car Rental)			<input type="checkbox"/> Refund
<b>Vendor</b>	<b>Terminal Brand</b> <i>(Please indicate the no. of terminals required)</i>					
Paysys	<input type="checkbox"/> DX8000 _____	<input type="checkbox"/> Others				
Revenue	<input type="checkbox"/> PaxPro _____	<input type="checkbox"/> Others				
Pinelabs	<input type="checkbox"/> Tetra _____	<input type="checkbox"/> Pax _____	<input type="checkbox"/> PaxPro _____	<input type="checkbox"/> Others		
GHLe	<input type="checkbox"/> VX _____	<input type="checkbox"/> Engage _____	<input type="checkbox"/> Pax _____	<input type="checkbox"/> Others		
PM	<input type="checkbox"/> NP901 _____	<input type="checkbox"/> Others				
Default Routing	<input type="checkbox"/> Scheme	<input type="checkbox"/> MyDebit				
Terminal Setting	<input type="checkbox"/> Follow TMS Setting			<input type="checkbox"/> Follow Maintenance Form		
Terminal to Deploy	<input type="checkbox"/> Adhoc	<input type="checkbox"/> Full Maintenance			<input type="checkbox"/> Terminal Rental	
Terminal Reactivation	<input type="checkbox"/> With UnionPay International					
Remark:						

**OTHER REQUEST:**

<b>Terminal Rental / Deposit (Please attached listing if there are more than 1 TID)</b>	
<input type="checkbox"/> Waive Rental      TID <input style="width: 100px;" type="text"/> From _____ to _____	<input type="checkbox"/> Waive Deposit      TID <input style="width: 100px;" type="text"/>
<input type="checkbox"/> New Amount of Rental      RM <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Others

<b>Change of MCC</b>				
<input type="checkbox"/> MyDebit <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Mastercard <input style="width: 50px;" type="text"/>	<input type="checkbox"/> VISA <input style="width: 50px;" type="text"/>	<input type="checkbox"/> JCB <input style="width: 50px;" type="text"/>	<input type="checkbox"/> UPI <input style="width: 50px;" type="text"/>

<b>Change of Officer or Branch Code</b>	
<input type="checkbox"/> AS Officer Code <input style="width: 50px;" type="text"/> (QMIH Page 1)	<input type="checkbox"/> Branch Code <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Sales Channel <input type="checkbox"/> AS <input type="checkbox"/> MSF <input type="checkbox"/> SME <input type="checkbox"/> CSD	<input type="checkbox"/> Staff ID <input style="width: 100px;" type="text"/>

**► FOR BANK'S USE ONLY... CONTINUE**
**PRE-AUTH, OFFLINE & REFUND:**

<input type="checkbox"/> Pre-Auth & Offline (Applicable only for Hotel, Hospital & Car Rental) <input type="checkbox"/> Refund		
Approved by Head of AS	Name	Signature
	Date	
Approved by FMU	Name	Signature
	Date	
Remarks (if any)		

**SALES CHANNEL CONFIRMATION & SIGNATURE**

- I / We have verified that the Authorised Signatory(ies) for the Applicant is the person authorized to operate the Merchant's Designated Account (CIMB Business Current Account) in the Bank's record.
- I / We have confirmed with the Authorised Signatory(ies) on the instruction(s) given in this Maintenance Form.

Attended by / Signature Verified by	Staff Name	Branch Name / Branch Code / AS
	Date	Signature
Remarks (if any)		
Approved by	Staff Name	Designation
	Date	Signature

**REVIEW BY ACQUIRING OPERATIONS – TERMINAL MANAGEMENT UNIT (TMU):**

TMS setting attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	MPOS Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial:	

**REVIEW BY ICIMB:**

Captured (in Cardlink) by	Staff Name	Signature
	Date	
Verified (in Cardlink) by	Staff Name	Signature
	Date	

Walk in TID <input style="width: 100px;" type="text"/>	<input type="checkbox"/> TID <input style="width: 100px;" type="text"/>	<input type="checkbox"/> TID <input style="width: 100px;" type="text"/>
<input type="checkbox"/> TID <input style="width: 100px;" type="text"/>	<input type="checkbox"/> TID <input style="width: 100px;" type="text"/>	<input type="checkbox"/> TID <input style="width: 100px;" type="text"/>
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