Untuk Bermula:

- Pastikan anda mempunyai akses internet yang selamat.
- Pastikan anda mempunyai maklumat-maklumat berikut:
 - Maklumat Pendaftaran Perniagaan (contohnya nama dan nombor pendaftaran seperti di SSM)
 - Cawangan CIMB pilihan anda
 - Maklumat Orang untuk Dihubungi dari perniagaan anda
 - Maklumat Orang / Penandatangan untuk mengendalikan akaun semasa perniagaan (nama dan nombor telefon)
 - Maklumat Pengguna untuk kemudahan perbankan internet
 - Maklumat Terperinci Perniagaan
 - Butir-butir untuk keperluan Akta Pematuhan Cukai Akaun Asing (FATCA) (hanya untuk pemegang pasport A.S.)
- Ikuti langkah-langkah berikut untuk memohon Akaun Semasa-i Perniagaan Online CIMB (OBCA-i) dan BizChannel @ CIMB, platform perbankan dalam talian kami.
- · Proses ini hanya untuk pembukaan akaun semasa perniagaan dengan CIMB Malaysia

Cara Untuk Memohon:

Layari laman web kami @ https://www.cimb.com.my/onlinebcai



Proses Memohon:

3 langkah mudah untuk membuka akaun semasa perniagaan anda:



			ІМВ		
	r	-			.
You are minutes away the process, please en	from starting	your new Bus I have your bu	siness Current Isiness registra	Account ap ation and bu	plication. To spee isiness owner deta
readily available for ea	sy reference.				
Please tick to provide conse As part of the online	nt application proces	sing, we will perfori	n certain checks / ve	rifications with c	redit reference agencies su
CTOS, CCRIS, FIS etc	for which we requi	re your consent.			_
* Mandatory fields					
Does your company have an ex Yes No	isting relationship w	ith CIMB Islamic Ba	nk? *		
Please input your Registered Bu	isiness 4	Business Registrati	on No. (BRN)* 👔	5 Plac	e of Incorporation*
Name*				⊖ F	eninsular Malaysia
				C E	ast Malaysia
CIMB Islamic Bank Account Num	her*	7	Do you have acces	s to BizChannel@	CIMB (Internet Banking) wi
	5C1 **		us?*	s to bizenamiele	chind (internet banking) wi
			⊖Yes ⊖N	0	
Please indicate your Business T	ype* i				
Sole proprietor	Parti	nership	Limited Liability	Partnership	
Subsidiary of PLC/MNC/GLC/I	/IKD and State Own	ed Enterprise/Large	firm		
6) Menteri Kewangan Diperba 1957.	idankan (MKDs) refe	ers to a corporate b hat is government c	ody established und	er the Minister o y or wholly	Finance (Incorporation) A
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7) State owned enterprises re Group Name*	el@CIMB (Inter are with us: 12 Num ents* i Acce • Ple	rnet Banking) Iber of User(s) with ss* i ase select recommended is	We need to und	Third Party S BizChanneld Please seld	Ir transaction
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Cheque Book

No cheque books will be issued upon account opening. You may apply for a cheque book through our CIMB Online Banki (BizChannel@CIMB) upon activation of BizChannel@CIMB.

- Tandakan (✓) jika anda bersetuju sekiranya pihak Bank CIMB melakukan pemeriksaan / pengesahan tertentu atas butiran anda dengan agensi rujukan kredit seperti CTOS, CCRIS, FIS dll.
- 2) Pilih "**Yes**" (Ya) jika anda merupakan pelanggan sedia ada CIMB.

Pilih "**No**" (Bukan) jika anda adalah pelanggan baru CIMB.

- Masukkan nama syarikat anda seperti yang didaftarkan dengan SSM.
- Masukkan nombor pendaftaran perniagaan syarikat anda mengikut pendaftaran SSM TANPA tanda sempang "-" cth. 12345K.
- Pilih tempat penubuhan syarikat anda, sama ada di Semenanjung Malaysia (Peninsular Malaysia) atau Malaysia Timur (East Malaysia).
- 6) Masukkan nombor akaun CIMB Islamic Bank anda.
- Sahkan jika anda telah mendaftar untuk platform perbankan dalam talian BizChannel@CIMB.
- Pilih jenis perniagaan anda dari tiga kategori yang disenaraikan: Permilikan Tunggal (Sole Proprietor), Perkongsian (Partnership), dan Perkongsian Liabiliti Terhad (Limited Liability Partnership).
- 9) Tandakan (✓) jika anda merupakan anak syarikat PLC / MNC / GLC / MKD atau Perusahaan Milik Negeri / Firma Besar.
- 10) Sekiranya "Yes" (Ya), sila nyatakan Nama Kumpulan tersebut.
- Untuk Jangkaan Jumlah Pembayaran Dalam Talian Harian, sila pilih jumlah yang anda jangka akan lakukan harian dalam talian.
- 12) Untuk **Bilangan Pengguna,** sila pilih bilangan pengguna yang memerlukan akses kepada kemudahan perbankan internet.
- Perkhidmatan Integrasi dengan Sistem Pihak Ketiga tidak tersedia buat sementara waktu.
- 14) OBCA-i dilengkapi dengan kemudahan perbankan dalam talian BizChannel@CIMB.

hagian B: Pei	ndaftara	an				
Apply online in 3 ea	asv stens					
APPLICATION PROCESS						
		REGISTRATION				
Business Registra	ation Deta					
Registered Name*		2 Date of Inco	rporation (DDM	1МҮҮҮҮ)* 📾		
			00	YYYY		
		00				
Registered Address (Line 1))*	Registered /	Address (Line 2)	*		Registered Address (Line 3
City*	Postcode*	State*				Country*
City* . ✓ My Business Mailing Ad	Postcode*	State* Selangor me as Registered A	Darul Ehsan ddress above	•		Country* Malaysia
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It opening.</td><td>3</td><td>Country* Malaysia Business Address 3 Business Country* Malaysia</td></tr><tr><td>City* . My Business Mailing Ad My Business Address is Business Address 1* Business City* Select Your Pref This is important as you r State*</td><td>Postcode* 41000 ddress is the sa s the same as R Business Postcode* ferred Bra need to visit a</td><td>State* Selangor me as Registered A ddress a Business Ad Business Sta Please Se Chanch Locati branch to comple 7 Locatio</td><td>Darul Ehsan
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ON com te your accour	PLETED	3 3 3 3	Country* Malaysia Business Address 3 Business Country* Malaysia

PENTING

Bahagian "**Account Referral Details**" (Butiran Rujukan Akaun) hanya digunakan sekiranya anda telah dibantu oleh kakitangan CIMB.

- 15) Untuk "Referral Code" (Kod Rujukan), sila masukkan ID Staf Bank cth. 0077134.
- 16) Untuk "Promo Code" (Kod Promosi), sila biarkan kosong

Nota:

Sekiranya syarikat anda berdaftar dengan SSM, butiran perniagaam anda akan diisi secara automatik. Sila mengesahkan butiran tersebut sebelum menuju ke langkah seterusnya.

Sekiranya butiran perniagaan yang dipaparkan adalah salah atau tidak dikemas kini, sila mengesahkan sama ada maklumat syarikat anda yang terkini dengan pihak SSM telah dikemas kini.

Sekiranya perniagaan anda tidak berdaftar dengan SSM, sila:

- 1) Masukkan Nama Pendaftaran Perniagaan anda.
- 2) Masukkan Tarikh Pendaftaran Perniagaan anda (DDMMYYYY).
- 3) Masukkan Alamat Pendaftaran Perniagaan anda
- 4) Tandakan (✓) jika Alamat Suratmenyurat Perniagaan anda sama dengan Alamat Berdaftar Perniagaan seperti yang telah dinyatakan di atas. Jika tidak, sila isikan Alamat Surat-menyurat Perniagaan anda.
- Tandakan (✓) jika Alamat Perniagaan anda sama dengan Alamat Berdaftar Perniagaan seperti yang telah dinyatakan di atas. Jika tidak, sila isikan Alamat Perniagaan anda.
- 6) Pilih Negeri di mana tempat lokasi perniagaan anda
- Pilih Lokasi perniagaan anda dan alamat lokasi Cawangan CIMB pilihan anda akan tertera.

Nota:

*

"Contact Person" (Orang Untuk Dihubungi):

Butiran orang yang akan dihubungi oleh pihak bank untuk urusan akaun perniagaan semasa. urusan transaksi (cth. cek) dan perkhidmatan BizChannel.

Anda digalakkan untuk senaraikan Orang yang Diberi Kuasa untuk syarikat/perniagaan anda sebagai Orang untuk Dihubungi.

Sila isikan butiran berikut bagi Orang untuk Dihubungi:

- Nama penuh seperti dalam Kad Pengenalan (K/P) Baharu / pasport
- 9) Nombor K/P Baharu /pasport

Desires		A				12	No. (06)		10)	Pilih Jawatan orang untuk dihubung
Designa	ition*		ontact No. (M	iobile)*		Contact	No. (Office)		11)	Nombor Telefon Bimbit
Please	e Select	• +	60 eg	:3 eg:12	2345678	+60	eg:3	eg:12345678	,	cth. [+60] [12] [6789999]
Email*									12)	Nombor telefon pejabat cth. [+60] [3] [20009999]
									13)	Alamat emel
Author his section uthorise Groupin	Fised Persons / Sig on is for you to nominate ind d Person Signing Condition* g Conditions - Please Spec	gnatorie ividuals wh if y	eg: 1 from	MPLETED Ithorised to o Group A & 1	open, subscr I from Group	ibe to service	s and opera	ite the account.	Not "Au Dib Ora Per bag tida I I I I I I I I I	a: thorised Persons" (Orang yang eri Kuasa) ng yang dilantik oleh Syarikat / niagaan untuk melaksanakan tindakar i pihak syarikat. Contoh tindakan yang k terhad kepada: Buka / Tutup akaun CIMB Bank Langgan perkhidmatan CIMB Bank Melantik Penandatangan Diberi Kuasa untuk akaun CIMB Bank and Melantik Pengguna Diberi Kuasa
Authorise Groupir	d Signatory Signing Conditiong Conditions	on* (i)							" A (Pe Ora	untuk kendalikan akaun CIMB anda dan akses perkhidmatan atas talian (BizChannel). uthorised Signatory" nandatangan Diberi Kuasa) ng yang dilantik untuk mengendalikar up CIMB Sugrikat (Perpiagan (dth
List of Aut	horised Persons/Signatories person as Contact Person Full Name (as per NPIC/ Paser	ort)*	ID Type*			NRIC / Pa	ssport No *		Per aka Sya bila Per	ngeluaran Cek / Transaksi /̄ Pertanyaa un). Irat Menandatangani merujuk kepad ngan Orang Diberi Kuasa / nandatangan yang dikehendaki untuk
1		UIC)	Please S	elect	•	NRIC/ Fa	550010140.		mei ber	mberi arahan kepada CIMB secara sendirian atau bersama.
	Date of Birth* 🛗		Nationality	/*		Country	of Issuance*		Pet	<u>ua:</u>
	DD MM Y	YYY	Please S	elect	-	Please	Select	-	M	Diberi Kuasa seperti yang tertera d
	Email Address*		Contact No	o. (Mobile)* eg:12345678					ତ ହ	Lembaga Syarikat. Anda boleh melantik orang yang sama atau berbeza untuk menjadi Orang Diberi Kuasa dan Penandatangan Diberi Kuasa. Pihak CIMB akan merujuk kepada Syarat Menandatangani ketika kan memproses arahan anda.
	Authorised Person (i)		Authorised	d Signatory 🧃		1	8	Delete Add	14)	Pilih syarat penandatangan untuk Orang Diberi Kuasa. Pihak Bank akan menggunakan syarat ini ketil memproses arahan dari syarikat / perniagaan anda DAN sekiranya anda memilih syarat penandatanganan kumpulan, sila nyatakan matriks penandatangan dalam kotak teks.
									15)	Pilih syarat penandatangan untuk

- Penandatangan Diberi Kuasa. Pihak Bank akan menggunakan syarat penandatangan ini semasa memproses arahan transaksi anda.
- 16) Untuk Orang Diberi Kuasa / Penandatangan Diberi Kuasa, sila masukkan butiran orang yang dilantik oleh syarikat/ perniaggan:
 - Nama penuh seperti dalam K/P (i) Baharu / pasport Jenis K/P
 - (ii)
 - (iii) Nombor K/P Baharu / Pasport
 - (iv) Tarikh lahir
 - (v) Kewarganegaraan
 - (vi) Negara penerbitan
 - (vii) Emel
 - (viii) Nombor Telefon Bimbit
- 17) Tandakan (🗸) untuk melantik Orang Diberi Kuasa DAN/ATAU Penandatangan Diberi Kuasa.
- 18) Klik "DELETE" (padam) atau "ADD" (tambah) untuk memasukkan / memadam Orang Diberi Kuasa/ Penandatangan Diberi Kuasa.

Please Specify Authorised Signatories Condition (

19	Condition 20	Limit		21	
	1A + 1B	Please Select	•	RM	
	2A + 1B	Please Select	•	RM	
	1A + 2B	Please Select	•	RM	
	1A + 1B + 1C	Please Select	•	RM	

- Tandakan (✓) untuk memilih
 Syarat Penandatanganan bagi Penandatangan yang Dibenarkan.
- 20) Pilih **Had** penandatanganan sepadan dengan Syarat yang dipilih.
- 21) Masukkan **Jumlah** (RM) sepadan dengan Syarat dan Had yang dipilih.

ull Name (as per NRIC/ Passport)*	NRIC / Passport No.*	Preferred User ID* i	
ontact No. (Mobile)*	Email Address*		
Jser Role(s) (Tick where applicable)* 7 BizChannel@CIMB Maker ()	BizChannel@CIMB Authoriser i		Delete

Nota: BizChannel@CIMB merupakan latform perbankan dalam talian IMB untuk anda mengendalikan DBCA-i atau akaun perniagaan CIMB yang lain. Authorised Users" (Pengguna ang Diberi Kuasa) Drang yang dilantik untuk nengendalikan akaun syarikat/ erniagaan CIMB secara dalam alian melalui BizChannel@CIMB ips: nda boleh melantik Orang yang Diberi Kuasa dan Penandatangan ang Dibenarkan sebagai Pengguna ang Dibenarkan. Untuk Pengguna yang Diberi 22) Kuasa, sila masukkan butiran orang yang dilantik berikut: (i) Nama penuh seperti dalam K/P Baharu / pasport (ii) Nombor K/P Baharu/ Pasport (iii) ID Pengguna Pilihan (iv) Nombor Telefon Bimbit cth. [012] [6789999] (v) Alamat Emel DAN 23) Tandakan (🗸) untuk memilih Peranan Pengguna Diberi Kuasa BizChannel termasuk: "BizChannel@CIMB Maker" (i)

- (Pembuat BizChannel) (ii) "BizChannel@CIMB
- Authoriser" (Penguasa BizChannel)
- 24) Klik "**ADD**" (tambah) untuk menambahkan Pengguna Diberi Kuasa yang lain.
- 25) Klik "Save Progress" untuk menyimpan semua butiran yang anda telah masukkan & klik "Next Step" untuk teruskan dengan permohonan ini.

Bahagian C: Maklumat Lain

APPLICATION PROCESS	1 REGISTRATION	2 OTHER INFORMATION		3 REVIEW & CONFIRM
Business Detailed Infomation	✓ COMPLETED			^
ls your business Bumiputera controlled?*	Number of Transa	ctions Per Month* 👔		
1	Please Select	•		
○ Yes ○ No				
Nature of Business* i	Annual Sales* 👔		Type of Classifica	ation* i
Please Select		5	Please Select	•
Total Number of Employees* (i	Details of Operatio	ons in Foreign Countries	Paid Up Capital (RM)*
Purpose of Account* (
Bill/Utility Payment	Business Pr	roceeds	Investm	nent Proceeds
Living/Household Expenses	Remittance	s/Payment Transfer	Rental	Proceeds
Rental Payments	Payment of	f Salary/Allowances	Saving	
Others				
Please Specify				
Source of Fund* (
Rental Proceeds	Local Invest	tment Proceeds	Foreign	Investment Proceeds
☐ Inheritance	Eamily/ Inte	ernal Funding from Relatives	Proceed Assets	d/Capital Gain from Sales of
Business Proceeds	Savings		Retirem	ient Funds
Proceeds from Credit Facilities	Gifts/ Dona	tions	Politica	Funds
O Membership Fees collected	Charity Coll Donors	lections Received from	Others	Specify
Source of Wealth*				
Inheritance	Investment	Income	Busines	s Income (accumulated profi l earnings)
Business Loan	Funds from	Family	Property	/ Sale
Others				
Please Specify				
Company Contact Details Company Phone No.*	Company Fax 1	No.	Company F	oreign Phone No.
eg:3 eg:12345678	eg:3	eg:12345678	Please	eg:3 eg:12345678
Company Foreign Fax No.		Email*		Website/Social Media (apv
and a second state of the		is to the third		

- Pilih "Yes" (Ya) / "No" (Tidak) untuk menyatakan sama ada perniagaan anda sebuah perniagaan kawalan Bumiputera.
- "Number of Transactions Per Month" - jumlah urus niaga yang dilakukan oleh perniagaan anda setiap bulan

"Nature of Business" perniagaan utama syarikat anda

3)

5)

6)

8)

9)

10)

 "Total Group Annual Sales Turnover" - jumlah pendapatan kumpulan, termasuk pendapatan kasar tahun ini

> "Type of Classification" sama ada syarikat / perniagaan anda dikelaskan sebagai perniagaan kecil dan sederhana, cth. PKS mikro

"**Total Number of Employees**" – bilangan pekerja di syarikat anda

 "Details of Operations in Foreign Countries" - operasi dan aktiviti perniagaan anda di negara asing, jika ada

> "Paid up Capital" - modal berbayar daripada pemegang saham

"Purpose of Account" tujuan syarikat anda membuka akaun semasa perniagaan ini, cth. untuk menerima hasil perniagaan

"Source of Fund" (Sumber Dana) - sumber modal kerja atau asal deposit anda, cth. hasil perniagaan

11) "Source of Wealth" (Sumber Kekayaan) - bagaimana anda peroleh dana (cth. harta pusaka, pendapatan pelaburan, pendapatan perniagaan)

12) "Company Contact Details" (Butiran Hubungan Syarikat). Sila masukkan butiran berikut: -

- (i) Nombor Telefon Syarikat / Perniagaan (Wajib)
- (ii) Nombor Faks Syarikat / Perniagaan
- (iii) Nombor Telefon Syarikat / Perniagaan di Luar Negara
- (iv) Nombor Faks Syarikat / Perniagaan di Luar Negara
- (v) Alamat Emel (Wajib)
- (vi) Laman web / media social (Wajib untuk Perniagaan Online)

13

^

ID Number* Date of Birth* ∰ DD MM YYYY Country of Issuance* Country of Birth* Please Select ▼ Please Select ▼ Contact Number Please Select (Mobile/Office/Residence)* eg:12345678	Please Select Nationality* Please Select Email Address*
ID Number* Date of Birth* ∰ DD MM YYYY Country of Issuance* Country of Birth* Please Select ▼ Contact Number Please Select (Mobile/Office/Residence)* eg:3	Nationality* Please Select Email Address*
Image: Select of Birth* Country of Issuance* Country of Issuance* Please Select • Please Select • Contact Number (Mobile/Office/Residence)* eg:3	Please Select Email Address*
Country of Issuance* Country of Birth* Please Select Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678	Email Address*
Country of Issuance* Country of Birth* Please Select Please Select Please Select g:3 eg:12345678 Eg:2000 Eg:2000<td>Email Address*</td>	Email Address*
Please Select Please Select Please Select Please Select Please Select 	
Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678	
eg:3 eg:12345678	
sidential Address/Registered Address	Degistered Address (1: 2)
gistered Address (Line 1)* Registered Address (Line 2)*	Registerea Adaress (Line 3)
untry* State*	City* Postcode*
Please Select	
✔ Ultimate Beneficial Owner	
✔ Ultimate Beneficial Owner Ultimate Beneficial Owner Name ★	ID Type*
✔ Ultimate Beneficial Owner Ultimate Beneficial Owner Name ★	ID Type* Please Select
Ultimate Beneficial Owner Ultimate Beneficial Owner Name * DNumber* Date of Birth*	ID Type* Please Select Nationality*
✓ Ultimate Beneficial Owner Ultimate Beneficial Owner Name * ID Number* Date of Birth* ∰ DD MM YYYY	ID Type* Please Select Nationality* Please Select
✓ Ultimate Beneficial Owner Name * Ultimate Beneficial Owner Name * ID Number* Date of Birth* DD MM YYYY Employer Name* Country of Issuance*	ID Type* Please Select Nationality* Please Select Nature of Business*
☑ Ultimate Beneficial Owner Name * Ultimate Beneficial Owner Name * ID Number* Date of Birth* ID D MM YYYY Employer Name* Country of Issuance* Please Select ▼	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select
☑ Ultimate Beneficial Owner Ultimate Beneficial Owner Name * ID Number* Date of Birth* ID Number* DD MM YYYY Employer Name* Country of Issuance* Occupation Type* I	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Besideore)*
✓ Ultimate Beneficial Owner Name * Ultimate Beneficial Owner Name * ID Number* Date of Birth* (a) ID Number* DD MM YYYY Employer Name* Country of Issuance* Occupation Type* (i) Please Select ▼	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Residence)* eg:12345678
✓ Ultimate Beneficial Owner Ultimate Beneficial Owner Name * ID Number* Date of Birth* DD MM YYYY Employer Name* Country of Issuance* Occupation Type* i Please Select Purpose of Account* i	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Please Select Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678
✓ Ultimate Beneficial Owner Name * Ultimate Beneficial Owner Name * Date of Birth* ID Number* Date of Birth* ID Number* DD MM YYYY Employer Name* Country of Issuance* Occupation Type* () Please Select ▼	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678
Ultimate Beneficial Owner Ultimate Beneficial Owner Name * ID Number* Date of Birth* DD MM YYYY Employer Name* Country of Issuance* Please Select Please Select Purpose of Account* Please Select	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678
☑ Ultimate Beneficial Owner Name * ID Number* ID Number* DD MM YYYY Employer Name* Country of Issuance* Occupation Type* 1 Please Select Purpose of Account* 1 Please Select	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678
Ultimate Beneficial Owner Ultimate Beneficial Owner Name * ID ID Number* Date of Birth* DD MM YYYY Employer Name* Country of Issuance* Please Select Please Select Purpose of Account* Please Select Please Select •	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678 Begistered Address (Line 2)
Ultimate Beneficial Owner Name * Ultimate Beneficial Owner Name * ID Number* Date of Birth* Image: Country of Issuance* Employer Name* Country of Issuance* Please Select Please Select Purpose of Account* () Please Select Sidential Address/Registered Address gistered Address (Line 1)*	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678 Registered Address (Line 3)
Ultimate Beneficial Owner Ultimate Beneficial Owner Name * ID Number* Date of Birth* ID D DD MM YYYY Employer Name* Country of Issuance* Please Select Purpose of Account* Please Select sidential Address/Registered Address gistered Address (Line 1)* Registered Address (Line 2)*	ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Residence)* eg:3 eg:12345678 Registered Address (Line 3) find

- 13) "List of Business Owners/Directors/Office Bearer" (Senarai Pemilik Perniagaan / Pengarah / Pejawat Syarikat
 - (i) Tandakan (✓) jika maklumat adalah sama dengan "Contact Person" (Orang untuk Dihubungi) yang diberikan di atas.
 - (ii)Untuk Pemilikan Tunggal dan Perkongsian, Nama dan Nombor K/P akan diisi secara automatik dari SSM (ditutupi sebahagian) kecuali untuk:
 (i) Jenis K/P
 (ii) Alamat Emel
 (iii) Nombor Telefon
 (iv) Alamat Kediaman /

Alamat yang Berdaftar

Nota: butiran (i) hingga (iv) perlu diisi oleh pelanggan.

- 14) Klik "**Delete**" untuk membuang maklumat yang telah dimasukkan.
- 15) Klik "**Add"** untuk menambahkan nama-nama lain.

16) "Ultimate Beneficial Owner(s)" (Pemilik Bermanfaat Terutama) merujuk kepada orang yang menerima sebahagian besar manfaat dari pendapatan perniagaan/syarikat.

> Untuk Pemilikan Tunggal dan Perkongsian, butiran yang perlu diisi adalah seperti berikut: -

- (i) Nama Majikan
- (ii) Sifat Perniagaan
- (iii) Jenis Pekerjaan
- (iv) Tujuan Akaun

Tempat kosong selebihnya akan diisi secara automatik dari maklumat yang dimasukkan dalam maklumat Pemilik Perniagaan.



Email*

MOHDALI@GMAIL.COM

FATCA COMPLETED

FATCA is applicable to any entity making or receiving payment of U.S. source income.

Are you a U.S. Entity? * 👔	○ Yes	⊖ No	Tax No.	A A A
Does your company have any U.S. directors or shareholders or owners with more than 25% ownershi * (i)	○ Yes p?	⊖ No		ya at da 17 (i)
Does your company have a U.S.beneficial owner? *	⊖ Yes	○ No		
				(ii

Bahagian D: Penyemakan & Pengesahan

Apply online in 3	easy steps					Nota:
APPLICATIO PROCESS	N	REGISTRATION	2 OTHER INFORMATION	3 REVIEW & CONFIRM		Sila lua menye yang te menga
Business Regis	stration Detail	S		1	Edit	1) Si
Registered Name* FQW		Date of Incorporation (DDN 01/01/1995	ЛМҮҮҮҮ)*			m ba pe
Registered Address (Lin NO3	e 1)*	Registered Address (Line 2) JALAN3	*	Registered Address (Line 3) -		<i>.</i>
City * BANGI	Postcode* 43650	State* Selangor Darul Ehsan		Country* Malaysia		
Select Your Pro	eferred Branc	ch Location			Edit	
State* Selangor Darul Ehsan		Location* Section 52, PJ		Branch Address Section 52, PJ 27, Jalan 52/2, 46200 Petaling Jaya		
Contact Perso	n				Edit	
Title & Full Name as pe ENCIK MOHD	r NRIC / Passport* ALI			NRIC / Passport No.* 870819385331		
Designation*		Contact No. (Mobile)* 👔		Contact No. (Office)* 👔		
CFO / Financial Contr	oller	+601221938839		+6034433223		



FATCA: "Foreign Account Tax Compliance Act declaration" (Pengisytiharan Akta Pematuhan Cukai Akaun Asing) hanya diperlukan untuk entiti yang membuat pembayaran ke A.S. atau menerima sumber pendapatan dari A.S.)

17) FATCA

- Pilih "Yes" (Ya)/"No" (Tidak) untuk menyatakan sama ada syarikat anda diperbadankan di A.S. atau dikawalkan oleh warganegara atau entity A.S.
- (ii) Jika ya, masukkan Nombor Cukai A.S. perniagaan anda.
- (iii) Pilih "Yes" (Ya) / "No" (Tidak) untuk menyatakan sama ada pengarah, pemegang saham atau pemilik syarikat anda merupakan warganegara A.S. dan memegang lebih daripada 25% pemilikan perniagaan anda.

ila luangkan masa untuk
nenyemak ketepatan maklumat
ang telah anda isikan sebelum
nengakui permohonan anda <u>.</u>

) Sila klik "**Edit**" untuk mengubah mana-mana subbahagian bagi membuat perubahan pada maklumat yang diberikan.

Authorised Persons / Signatories

Authorised Person Signing Condition Solely to sign	on* (i)				
Full Name (as per NRIC/ Passport)	NRIC/ Passport No.	Contact No. (Mobile)	Email Ad	dress	Signing Group
1 MOHD ALI	870819385331	01221938839	MOHDAL	I@GMAIL.COM	
✓ Authorised Signatory	✓ Auth	orised Person			
Authorised User(s) of E	BizChannel@Cl	MB (Internet I	Banking)		Edit
Full Name (as per NRIC/ Passport)	NRIC / Passport No.	Contact No. (Mobile)	Email Ade	dress	Preferred User ID
1 ALI	870819385331	01343243242	ALI@GM/	AL.COM	FHE
BizChannel@CIMB Maker	✓ BizC	hannel@CIMB Author	iser		
2 MARY	87081938000	01984274382	MARY@G	MAIL.COM	FEW
✓ BizChannel@CIMB Maker	✓ BizC	hannel@CIMB Author	iser		
List of Business Owners/ Direct	ors/ Office Bearers	Office Bearers			Edit
Sole Proprietor/ Partner Business	s Owner	1			
Business Owners/ Directors/ Offi	ce Bearers Name*			ID Type*	
MOHD ALI				New IC	
ID Number*	Date of I	3irth *		Nationality*	
870819385331	19	08	1987	Malaysia	
Country of Issuance* Malaysia	Country Malaysia	of Birth* a		Email Address* MOHDALI@GMAIL.CON	Л
Contact Number (Mobile/Office/Residence)*					
012 21938839					
Residential Address/Registered A	ddress				
Registered Address (Line 1)*	Register	ed Address (Line 2)*		Registered Address (Lir	ne 3)
NO 3	JALAN TE	EKBING			
Country* Malaysia	State* Selango	r Darul Ehsan		City* BANGI	Postcode* 43650

Ultimate Beneficial Owner Information

Ultimate Beneficiary 1

Edit

 Ultimate Beneficial Owner Ultimate Beneficial Owner Name * MOHD ALI 				ID Type* New IC			
ID Number* 870819385331	Date of Bir 19	th * 08	1987	Nationality* Malaysia			
Employer Name* HOLLA SDN BHD	Country of Issuance * Malaysia				Nature of Business* (i) Parking Operator		
Occupation Type* i Agricultural/Forestry/Livestock/Fishery Wor	al/Nursery Grow	Contact Number (Mobile/Office/Residence)*					
Purpose of Account*				012	21938839		
Residential Address/Registered Address							
Registered Address (Line 1)* NO 3	Registered JALAN TEK	Address (Line 2 BING	?) *	Registered Addre	ess (Line 3)		
Country* Malaysia	State* Selangor [Darul Ehsan		City * BANGI	Postcode* 43650		

FATCA

Are you a U.S. Entity? * i

Tax No

Does your company have any U.S. directors or shareholders or owners with more than 25% ownership? * (i)

No

Does your company have a U.S.beneficial owner? *

Acknowledgement

Important notice:

Please read the terms and conditions in the Current Account-i Terms and Conditions, Privacy Notice and Current Account Declaration before you tick the relevant boxes below and proceed to submit your application.

I am/We are interested to apply for the CIMB Online Business Current Account-i and hereby make the following declarations. 1. I/We hereby declare and confirm that all the information provided by me/us in this website are true, correct and not misleading.

- 2. I confirm that I have read, understood and agree to be bound by the terms and conditions herein, the Current Account-i Terms & Conditions, BizChannel@CIMB Terms & Conditions and Declarations, BizAlert Terms & Conditions, Privacy Notice, and Current Account Declaration where applicable.
- 3. I/We confirm that I/we have not committed any act of bankruptcy at the time the account is opened
- 4. I/We shall comply with all CIMB's requirements for opening of the account and understand that CIMB's opening of the account shall be subjected to CIMB performing any necessary verification. CIMB reserves the right to reject my/our application at its absolute discretion.
- 5. I/We assure CIMB that I/we will exercise due care not to facilitate funds from proceeds of any unlawful activity to be channelled through my/our account(s) with CIMB and undertake to provide CIMB with all relevant information and documents, as and when requested, for purposes of my/our identification and/or verification of the source of my/our funds or purpose of transaction under the "Know Your Client" principle.
- 6. I /We give consent to CIMB to verify and/or make any checks and/or obtain any information and/or from confirmation, with or from any credit reference agencies, including but not limited to CTOS, CCRIS, FIS and/or any other agencies and/or from any financial institution, on me/us and/or any other person, individual and/or entity as CIMB may deem fit, for any purposes which CIMB deems fit.

FATCA Declaration: Subject to the applicable local laws, I/We hereby consent for CIMB, its parent or ultimate holding company or any of its licensed financial institution affiliates (including branches) (collectively as "CIMB") to share the Legal Entity's information, including relevant beneficial owners or shareholders, with domestic or overseas governmental, supervisory or regulatory authorities where necessary to establish its tax liability in any/or the relevant jurisdiction. Where required by domestic or overseas governmental, supervisory or regulatory authorities, I/We also understand and agree that CIMB may be required to obtain additional documents and/or forms, which the Legal Entity's authorized signatory or director(s) will sign, if the Legal Entity, its shareholders and/or directors are subject to the relevant jurisdiction's requirements.

Where required by domestic or overseas governmental, supervisory or regulatory authorities, I/We understand and agree that CIMB may withhold, and pay out, from any of the Legal Entity's account(s) such amounts as may be required according to applicable laws, regulations, directives, guidelines and/or agreements with and/or from domestic or overseas governmental, supervisory or regulatory authorities.

I/We also agree and undertake to notify CIMB (within 30 calendar days), or provide the information if requested by CIMB, if there is a change in any information which the Legal Entity provided to CIMB.

Where CIMB intends to share my information (excluding information relating to my affairs/account) with 3rd parties for strategic alliances, marketing and promotional purposes:

I hereby give my consent to the above disclosure to third parties.

I do not consent to the giving of the above disclosure to third parties.



Registration

You are just one step away from completing your application

Your Application Reference ID is 1-9HPSAO.

Please bring along the required documents to your selected branch within the next 30 days. Kindly refer to the email sent to you pertaining to your application for details

Please contact us at 1300 888 828 for enquiries.

For Private Limited Company (Sdn. Bhd.) or Public Listed Company (Bernad), please click here to download the Extract of Board of Directors' Resolution / Extract Minutes of Board of Directors' Meeting template.

Nota:

"Acknowledgement" (Pengakuan & Pengiktirafan) Sila baca Terma & Syarat Akaun Semasa, Notis Privasi dan Pengisytiharan Akaun Semasa sebelum menghantar permohonan anda.

 Tandakan (✓) untuk mengakui bahawa anda telah membaca dan bersetuju dengan terma dan syarat yang dinyatakan di bahagian Pengakuan & Pengiktirafan.

- Sila beri persetujuan anda untuk kami mendedahkan maklumat anda kepada Pihak Ketiga bagi tujuan pakatan strategik, pemasaran dan promosi.
- Klik "Save Progress" untuk menyimpan butiran permohonan anda. Ini TIDAK akan menghantar permohonan anda kepada kami.
- 5) Klik "**Submit**" untuk menghantar permohonan anda kepada kami.

PENTING:

A)	Dengan Nombor Rujukan Permohonan yang dipaparkan, anda boleh:
	 Membuat pertanyaan berkenaan status permohonan anda
	 Aktifkan Akaun Semasa Perniagaan anda di cawangan CIMB pilihan anda.
	Sila <u>cetak</u> Nombor Rujukan Permohonan anda.
B)	Untuk pengaktifan akaun yang lancar, sila bawa:
	 Nombor Rujukan Permohonan; dan
	 Dokumen sokongan yang lengkap
	ke cawangan pilihan anda dalam tempoh 30 hari dari hari penghantaran dalam talian anda.
C)	Anda akan menerima emel dengan butiran permohonan anda.
D)	Untuk sebarang pertanyaan tentang status permohonan, sila hubungi cawangan CIMB pilihan anda.

