CIMB ISLAMIC

Getting Started:

- Ensure that you are connected to a secured internet access
 - Ensure you have the information below with you:
 - Business Registration details (e.g. name and registration number as per SSM)
 - Choice of Preferred Branch
 - · Particulars of Contact Person from your business
 - Particulars of Persons/Signatories to operate the business current account (name and contact number details)
 - · Particulars of Users for internet banking facilities
 - Business Detailed Information
 - · Particulars for Foreign Accounts Tax Compliance Act (FATCA) requirements (applicable to U.S. persons only)
- Follow the steps to apply for a CIMB Online Business Current Account-i (OBCA-i) and BizChannel@CIMB, our online banking platform.
- Only applicable for opening of business current account with CIMB Malaysia

How to Apply:

Visit our website @ <u>https://www.cimb.com.my/onlinebcai</u>



How long will it take?

3 simple steps to open your business current account:



Section A: Opening a Business Current Account Online

				СІМВ	
You are the pro readily	e minutes away ocess, please el available for ea	from stansure that	arting your new E at you have your ence.	Business Current A business registrat	Account application. To speed tion and business owner detai
Please ti	ck to provide conse As part of the online	ent application	processing, we will per	rform certain checks / veri	fications with credit reference agencies su
* Mandator	y fields	. for which v	ve require your consent	ι.	
Does your O Yes	r company have an ex	isting relatio	onship with CIMB Islami	c Bank? *	
Please inp Name*	out your Registered Bu	isiness	4 Business Regist	tration No. (BRN)* 👔	5 Place of Incorporation*
					🔿 East Malaysia
CIMB Islam	nic Bank Account Num	ber*		Do you have access t us?*	to BizChannel@CIMB (Internet Banking) wit
				⊖ Yes ○ No	
Please inc	licate your Business T	ype* 👔			
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- 1) Tick (\checkmark) to give consent.
- Select (Yes) if you are an existing customer with CIMB.

Select (**No**), if you are new to CIMB.

- 3) Input your company name as per SSM registration.
- Input your company business registration number as per SSM registration WITHOUT dash "-" e.g. 12345K.
- Select the place of incorporation for your company.
- 6) Input your CIMB Islamic Bank account number.
- Confirm if you have signed up for our online banking platform BizChannel@CIMB.
- Select type of business from the three categories listed.
- Tick (✓) if you are a subsidiary of PLC/ MNC/ GLC/MKD or State Owned Enterprise/Large Firm.
- 10) If Yes, indicate the Group Name.
- 11) Expected Total Daily Online Payments - total number of payments you expect to make/transact via online daily
- Number of User(s) the number of users expected to access the internet banking facility.
- 13) For Third Party Accounting System Integration, this service is temporarily unavailable.
- 14) OBCA-i comes with online banking BizChannel@CIMB

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.

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ction B: Re	egistration				
Apply online in	3 easy steps				
	ION	1		2	
		REGISTRATION			
Business Reg	istration Details		D		
egistered Name*		2 Date of Inco	orporation (DDMMYYYY)* 🛗	
		00	00	YYYY	
Registered Address (L	Line 1)*	Registered	Address (Li	ne 2)*	Registered Address (Line
Registered Address (L	.ine 1) *	Registered	Address (Li	ne 2)*	Registered Address (Line
Registered Address (L	Line 1)*	Registered . State*	Address (Li	ne 2)*	Registered Address (Line
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IMPORTANT The Account Referral Details section is applicable if you have been attended by a CIMB staff.

- 15) For Referral Code, please input the Bank Staff ID e.g. 0077134.
- 16) For Promo Code, please leave the input field empty.

Note:

CONFIRM	If yo reg bus fille befu If th is ir plea late is u	bur company is a SSM istered company, your iness details will be auto- d. Kindly verify the details ore proceed to the next step. the business details displayed incorrect or not updated, ase proceed to verify if your ist company details with SSM pdated.
3)	lf yo with	our business is not registered SSM, please:
	1)	Enter your Business Registered Name.
*	2)	Enter your Business Registration Date (DDMMYYYY).
	3)	Enter your Business Registration Address.
	4)	Tick (✓) if your Business Mailing Address is the same with your Business Registered Address given above, else please enter your business' Mailing Address.
•	5)	Tick (✓) if your Business Mailing Address is the same with your Business Registered Address given above, else please enter your business' Mailing Address.
	6)	Select the State where your business is located.
		AND
	7)	Select the Location where your business is situated to show the Branch Address of your preferred CIMB Branch.
	Not	<u>e</u> : 🧡
ng).	Coi The Bar rela acc che	ntact Person: e details of the person that the hk will be contacting for matters ting to your business current ount, transactional matters (e.g. que) and BizChannel services.
	We con Per	would recommend listing the pany / business' Authorised son as your contact person.

- Enter the Full Name as per NRIC/Passport of the contact 8) person.
- Enter NRIC/Passport number 9) of the contact person.

Designation*	11	Contact No	o. (Mobile)	*	12 Contact	No. (Office)	*	10)	Select the Designation of the contact person.
Please Select	•	+60	eg:3	eg:12345678	+60	eg:3	eg:12345678	11)	Enter the Mobile number of the contact person e.g. [+60] [12]
								12)	[6789999]. Enter the Office direct line as contact number of the contact person e.g. [+60] [3] [20009999]
								13)	Enter Email address of the contact person.
Authorised Persons	[/] Signato	ries		TED				Note	erised Parcens (AP)
This section is for you to nomina	te individuals v	who will b	e authori	sed to open, subso	cribe to service	s and oper	ate the account.	Comp perfo comp	conset reisons (AF) coany/Business appointed person to rm actions below on behalf of the coany, but not limited to:
uthorised Person Signing Conc Grouping Conditions - Please	ition* i Specif y	eg: 1 f	rom Grou	p A & 1 from Grou	ір В			2 2 2 2 2	Open/Close CIMB Bank account(s) Subscribe to CIMB Bank services Appoint Authorised Signatories for your CIMB Bank account(s)
Authorised Signatory Signing C	ondition* i								Appoint Authorised User(s) to operate your CIMB accounts and access services online (BizChannel@CIMB)
Grouping Conditions	es							Auth The r Com (e.g. Acco	orised Signatory (AS) berson appointed to operate bany/Business CIMB accounts Issue Cheque / Transactions / unt Enquiry).
Same person as Contact Perso	i Passport) *	ID Typ	e*		NRIC/ Pa	sport No.*		Sign autho singly	ing Condition refers to the number prized person / signatory required to y or jointly give instruction to CIMB.
1 Date of Birth* 🋍		Plea: Natior	se Select nality*	•	Country	of Issuance*		<u>Tips:</u> ☑	Appoint the same AP as per your Board Resolution. You may appoint same or different
DD MM Email Address*	үүүү	Plea Conta	se Select ct No. (Mol	vile)*	Please	Select	•	2	person to be Authorised Person and Authorised Signatory. We refer to the Signing Condition : when we process your instruction.
		eg:3	eg:12	345678				14)	Select your Authorised Person Signing Condition. The Bank will
Authorised Person (Autho	rised Sign	atory 🚺					processing instruction(s) from you the company / business AND if yo have selected grouping signing condition, please indicate your
					1	8	Delete	15)	signing matrix in the text box. Select your Authorised
							Add		Signatories Signing Condition. The Bank will use this signing condition when processing your transaction instruction (e.g. chequ issuance).
2								16)	For Authorised Persons / Signatories , enter the company/business appointed

(vii) Email Address (viii) Mobile Contact Number e.g. [+60] [12] [6789999]

Full name as per NRIC /

ID Type NRIC/Passport Number Date of Birth

17) Tick (\checkmark) to appoint your appointed person as Authorised Person AND/OR Authorised Signatory.

person's details:

Passport

Nationality

(vi) Country of Issuance

(i)

(ii) (iii) (iv)

(v)

18) Click DELETE OR ADD to include / delete Authorised Person/ Signatory.

Please Specify Authorised Signatories Condition (i)

Condition 20 Limit	Ū	21			 Tick (✓) to select the Signing Condition applicable to
A + 1B Please	Select -	RM			Authorised Signatories.
2A + 1B Please	Select -	RM			20) Select the signing Limit
1A + 2B Please	Select 👻	RM			selected.
A + 1B + 1C Please	Select -	RM			21) Enter the Amount (in RM) corresponding to the Condition and Limit selected.
thorised User(s) of Biz	Channel@CIMB	(Internet Bankinç	g) (i) v completed	^	Note:
iorised User 1					BizChannel@CIMB is CIMB online banking platform for you to operate your OBCA-i or other CIMB business accounts.
ull Name (as per NRIC/ Passport)*	NRIC / Passpor	t No.*	Preferred User ID*		Authorised Users (AU)
contact No. (Mobile)* 🚺	Email Address*	k			appointed persons to operate company/business' CIMB accounts online via BizChannel@CIMB
eg:3 eg:12345678 Jser Role(s) (Tick where applicable) BizChannel@CIMB Maker i	√ BizChannel	@CIMB Authoriser 👔			Tips: Tips: You may appoint your Authorised Person and Authorised Signatory as Authorised User.
eg:3 eg:12345678 Jser Role(S) (Tick where applicable) BizChannel@CIMB Maker i	V BizChannel	@CIMB Authoriser i	24 Ad ave Progress Next Ste	Delete	Tips: You may appoint your Authorise Person and Authorised Signator Authorised User. 22) Authorised Users - please is the appointed person details including: (i) Full name as per NRIC/Passport (ii)NRIC/Passport Number (iii) Preferred User ID (iv) Mobile Contact Number

(v) Email Address

AND

- 23) Tick (\checkmark) to select the BizChannel Roles applicable to Authorised User including: (i) BizChannel@CIMB Maker (ii) BizChannel@CIMB

 - Authoriser
- 24) Click ADD to include additional Authorised Users.
- 25) Click **Save Progress** to temporarily save your work & click **Next Step** to proceed.

Section C: Other Information

eg: Singapore

✓ eg:

eg:12345678

s your business Buniputera controlled? Ves No Nature of Business * Please Select Please Select Note Purpose of Account* Please Select Please Select	Business Detailed Infomation	✓ COMPLETED				~	
* Yes No Yes No Nature of Business*	ls your business Bumiputera controlled?*	Number of Transactions Per Month*	D				
Nature of Business () Annual Sales () 5 Please Select () Please Select () Please Select () Purpose of Account*() Purpose of Account*() Purpose of Account*() Business Proceeds Payment () Purpose of Account*() Business Proceeds Purpose of Account*() Purpose of Account*() Business Proceeds Purpose of Account*() Purpose of Account*() Business Proceeds Purpose of Account*() Purpose of Fund*() Purpose of Velith*() Purpose of Purpose	i Yes No	Please Select	-				
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Purpose of Account* Buil/Utility Payment Business Proceeds Investment Proceeds Rential Payments Payment of Salary/Allowances Saving Others Please Specify Source of Fund* Local Investment Proceeds Foreign Investment Proceeds Rential Proceeds Source of Fund* Local Investment Proceeds	Total Number of Employees* (Details of Operations in Foreign Count	ries Pai	d Up Capital (l	RM)* (i		
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Business Loan Funds from Family Property Sale Others Please Specify	Inheritance	Investment Income		Business	Income (accu earnings)	nulated pro	fit /
Others Please Specify	Business Loan	Funds from Family		Property	Sale		
Please Specify	Others						
	Please Specify						

- Select Yes / No to indicate whether your business is Bumiputera controlled.
- Number of Transactions Per Month - number of transactions performed monthly by your business
 - Nature of Business primary business of your company
- 4) Total Group Annual Sales Turnover - group's total revenue, including gross income for the year
- **Type of Classification** whether your company / business is classified as small and medium business e.g. micro SME
- Total Number of Employees - total number of employees in your company
- Details of Operations in Foreign Countries - your business operations and activities in foreign country, if any
- Paid Up Capital capital from shareholders
- Purpose of Account purpose of your company opening the business current account e.g. business proceeds
- Source of Fund source of working capital or the origin of your deposit e.g. business proceeds
 - **Source of Wealth -** how you obtain the fund e.g. inheritance

- 12) **Company Contact Details**. Enter the following details: -(i) Company Phone No.
 - (Mandatory)
 - (ii) Company Fax No.
 - (iii) Company Foreign Phone No.
 - (iv) Company Foreign Fax No.
 - (v) Email Address (Mandatory)

one)

(vi) Website/Social Media (Mandatory for Online Business) 12



Business Owners/ Directors/ Office Beare	ers Name*	ID Type*	
		Please Select	
ID Number*	Date of Birth* 🛗	Nationality*	
	DD MM YYYY	Please Select	-
Country of Issuance*	Country of Birth*	Email Address*	
Please Select -	Please Select	•	
Contact Number Mobile/Office/Residence)*			
eg:3 eg:12345678			
sidential Address/Registered Address			
gistered Address (Line 1)*	Registered Address (Line 2)*	Registered Address	(Line 3)
			Postcode*
untry*	State*	City*	
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untry* Please Select	State* Please Select Information COMPLETED	City*	4 Delete
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untry* lease Select Ultimate Beneficial Owner Ultimate Beneficial Owner Ultimate Beneficial Owner Name * D Number* mployer Name* Cccupation Type*	State* Please Select Date of Birth* DD MM YYYY Country of Issuance* Please Select	City* City* ID Type* ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Resid	4 Delete 5 Add • • • • • • •
Untry* lease Select	State* Please Select Date of Birth* DD MM YYYY Country of Issuance* Please Select	City* City* City* ID Type* ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Resid eg:3 ed:	4 Delete 5 Add • • • • • • • • • • • • •
Ultimate Beneficial Owner I Ultimate Beneficial Owner I Ultimate Beneficial Owner Name * D Number* Cocupation Type* i Please Select Purpose of Account* i	State* Please Select Date of Birth* DD MM YYYY Country of Issuance* Please Select	City* City* ID Type* ID Type* Please Select Nationality* Please Select Nature of Business* Please Select Contact Number (Mobile/Office/Resid eg:3 e	4 Delete 5 Add • • • • • • • • • • • • •

3) List of Business Owners/ Directors/Office Bearers

- (i) Tick (✓) if the information is same as the Contact Person given above.
- (ii) For Sole Proprietor & Partnership, Name and ID Number will be auto populated from SSM (partially masked) except for
 - (a) ID Type
 - (b) Email Address
 - (c) Contact Number
 - (d) Residential / Registered Address

Note: (a) to (d) need to be keyed in by customer.

- 14) Click **Delete** to remove inputted information.
- 15) Click **Add** to include additional names.
- Ultimate Beneficiary Owner(s) - refers to the person(s) receiving majority of the benefits from the business/company's earnings.

For sole proprietor and partnership, fields to be keyed in are as follows: -

- (i) Employer Name
- (ii) Nature of Business
- (iii) Occupation Type
- (iv) Purpose of Account

The rest of the fields will be auto populated from Business Owner information.



FATCA COMPLETED

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



FATCA Foreign Account Tax Compliance Act declaration is only applicable Are you a U.S. Entity? * 👔 ○ Yes O No Tax No. to any entity making payments to the U.S. or receiving U.S. source income). Does your company have any U.S. directors or ○ Yes ⊖ No 17) **FATCA** shareholders or owners with more than 25% ownership? * (i) (i) Select Yes/No to indicate if your company is incorporated in U.S. or is controlled by a U.S. citizen or entity). Does your company have a U.S.beneficial owner? * ◯ Yes ⊖ No (ii) If yes, input your business U.S. Tax Number. (iii) Select Yes/No to indicate if any of your directors or shareholders or owners are U.S. citizens holding more than 25% ownership of your business. Section D: Review & Confirm Note: Before acknowledging your Apply online in 3 easy steps application, please take a moment to review the accuracy of the 1 3 APPLICATION information that you have input for **REVIEW & CONFIRM** your OBCA application. **Business Registration Details** 1) To make changes on the Edit information provided, please click on Edit to amend the sub-Registered Name* Date of Incorporation (DDMMYYYY)* sections. FQW 01/01/1995 Registered Address (Line 1)* Registered Address (Line 2)* Registered Address (Line 3) NO3 JALAN3 City* State* Country* Postcode* Selangor Darul Ehsan Malaysia BANGI 43650 My Business Mailing Address is the same as Registered Address above Select Your Preferred Branch Location Edit State* Location* Branch Address Selangor Darul Ehsan Section 52, PJ Section 52, PJ 27, Jalan 52/2, 46200 Petaling Jaya **Contact Person** Edit Title & Full Name as per NRIC / Passport* NRIC / Passport No.* ENCIK MOHD ALI 870819385331 Contact No. (Mobile)* (i)

Designation* CFO / Financial Controller

MOHDALI@GMAIL.COM

Email*

+601221938839

Contact No. (Office)* 👔 +6034433223

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 Malaysia	lssuance*		Nature of Busine Parking Operato	ss* i pr
Occupation Type* i Agricultural/Forestry/Livestock/Fishery Wor	rker - Garder	ner/Horticultura	l/Nursery Grov	Contact Number (Mobile/Office/Re	esidence)*
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? * 👔

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 misleadine.

- 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. Bnd.) 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.

Important Note: Member of PIDM. Protected by PIDM up to RM250,000 for each depositor.

Note:

Acknowledgement

Before submitting your application, please read through the Current Account Terms & Conditions, Privacy Notice and Current Account Declaration.

 Tick (✓) to acknowledge that you have read and agree to the terms and conditions stipulated in the Acknowledgement section.

- Please provide your consent for us to disclose your information to 3rd Party for strategic alliances, marketing and promotional purposes.
- Click Save Progress to save your application and your application will NOT be submitted.
- 5) Click **Submit** to submit your application.

IMPORTANT:

A)	You may use the Application Reference ID displayed to:
	 Enquire about your application status; or
	 Activate your Business Current Account at your preferred CIMB branch.
	Please <u>print</u> or <u>take note</u> of your Application Reference ID.
B)	For smooth account activation,
	 Please bring along your: Application Reference ID; and Complete supporting documents
	to your preferred branch within 30 days starting from the day of your online submission.
C)	You will receive an email with details of your application.
D)	Please contact your preferred CIMB branch for enquiry on application status.

