



Please (✓) to select  HSBC Bank Malaysia Berhad  HSBC Amanah Malaysia Berhad

## BUSINESS CONNECT AMENDMENT REQUEST FORM

Please submit this completed form to your nearest HSBC branch

I/We wish to request the following changes to my/our subscription of the following service(s):

Please tick (✓) the applicable service(s):	
<input type="checkbox"/> BSA	<b>Business SMS Alert</b>
<input type="checkbox"/> BTB	<b>Business TelephOne Banking</b>
<input type="checkbox"/> BIB	<b>Business Intern@t Banking</b>
<input type="checkbox"/> BCR	<b>Business Cheque Rep<del>ort</del>rt</b>

Please state the applicable main account:

<input type="checkbox"/> BSA	_____ - _____ - _____
<input type="checkbox"/> BTB	_____ - _____ - _____
<input type="checkbox"/> BIB	_____ - _____ - _____
<input type="checkbox"/> BCR	_____ - _____ - _____

### CUSTOMER INFORMATION (please complete ALL sections)

Registered Name
Registration No:

### Details of Contact Person:

Name:		
Handphone No:	Tel No:	Fax No:
Business Email Address:		

## FOR BSA AMENDMENT

### Section A : Amendment to accounts accessible through BSA

Please indicate the account to which you require receipt of SMS Alerts.

To add the services to:

- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

To remove the services from:

- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Transactions of RM5,000 and above will be advised to you via SMS. If you wish to set a different limit, please indicate the minimum threshold amount:

RM \_\_\_\_\_ - \_\_\_\_\_

Do you wish to receive up-to-date broadcast on HSBC's products and services via this BSA?  Yes  No

### Section B : Amendment to BSA Nominated Users

**Please note that only one (1) Nominated User is allowed for access to BSA**  
Mobile phones must support Short Message Service (SMS) by the following mobile telecommunication providers - Maxis [012 & 017], Celcom [013 & 019] or DiGi [016] network only.

Please insert particulars of new Nominated User\*

Name \_\_\_\_\_

Other/Former Name \_\_\_\_\_

New IC No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone No **0 1** \_\_\_\_\_ - \_\_\_\_\_

\* Existing User will be automatically removed and replaced by new User

## FOR BTB AMENDMENT Please tick (✓) and complete the details where applicable

### Section A : Accounts Matters

Please add/remove the following account(s) for access/to be operated through the HSBC BTB service

<input type="checkbox"/> Add <input type="checkbox"/> Remove	1. _____ - _____ - _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	2. _____ - _____ - _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove	3. _____ - _____ - _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove	4. _____ - _____ - _____



**FOR BTB AMENDMENT (CONT'D)**

**Outward Telegraphic Transfer (TT)**

**Delegate 1**  Add service  Cancel service  Change amount

Payee's Name \_\_\_\_\_

Payee's bank and address \_\_\_\_\_

Payee's Account No. \_\_\_\_\_ Currency \_\_\_\_\_

Payment details/Sort code (if any) \_\_\_\_\_ Max. amount per payment (RM equivalent) \_\_\_\_\_

Overseas charges for:  Beneficiary's account  Remitter's account RM \*

**Delegate 2**  Add service  Cancel service  Change amount

Payee's Name \_\_\_\_\_

Payee's bank and address \_\_\_\_\_

Payee's Account No. \_\_\_\_\_ Currency \_\_\_\_\_

Payment details/Sort code (if any) \_\_\_\_\_ Max. amount per payment (RM equivalent) \_\_\_\_\_

Overseas charges for:  Beneficiary's account  Remitter's account RM \*

**Bill Payment** (Please attach copies of relevant bills showing the names of the payee company, merchant or utility board and your account or bill reference number for our verification.)

**Delegate 1**  Add service  Cancel service  Change amount

Name of Company/ Merchant \_\_\_\_\_

Account/Bill reference No. \_\_\_\_\_ Max. amount per payment \_\_\_\_\_

RM \*

**Delegate 2**  Add service  Cancel service  Change amount

Name of Company/ Merchant \_\_\_\_\_

Account/Bill reference No. \_\_\_\_\_ Max. amount per payment \_\_\_\_\_

RM \*

**FOR BIB AMENDMENT** Please tick (✓) and complete the details where applicable

**Section A : Company Set up [for BIB]**

Subscribe to e-statement? (E-statement is available for download upto 15 prior months) Note: If you have requested for e-statement, hardcopy statement will be discontinued. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to subscribe for the following services: AutoPay/Bulk Payment <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: By default these services are not included.</small> Internet Trade Service <input type="checkbox"/> Yes <input type="checkbox"/> No e-Share Payment (by Brokers) <input type="checkbox"/> Yes <input type="checkbox"/> No														
Please automatically link all accounts to BIB <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: By default, all future company accounts will be automatically linked unless stated otherwise.</small>	<table border="1"> <thead> <tr> <th></th> <th style="background-color: #cccccc;">Company Maximum Daily Limit</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Transfer to pre-designated payee</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> Transfer to non-designated payee</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> Transfer to own account</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> Bill Payment</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> AutoPay/Bulk Payment</td> <td><u>RM</u> **</td> </tr> <tr> <td><input type="checkbox"/> All Transactions</td> <td><u>RM</u> **</td> </tr> </tbody> </table>		Company Maximum Daily Limit	<input type="checkbox"/> Transfer to pre-designated payee	<u>RM</u> *	<input type="checkbox"/> Transfer to non-designated payee	<u>RM</u> *	<input type="checkbox"/> Transfer to own account	<u>RM</u> *	<input type="checkbox"/> Bill Payment	<u>RM</u> *	<input type="checkbox"/> AutoPay/Bulk Payment	<u>RM</u> **	<input type="checkbox"/> All Transactions	<u>RM</u> **
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Account/BIB User to be set up by <input type="checkbox"/> One Primary User <input type="checkbox"/> Two Primary Users Transactions to be approved by <input type="checkbox"/> One to approve <input type="checkbox"/> One or two within a signature group to approve <input type="checkbox"/> One or two within two signature groups to approve Note: By default, all transactions will be set as "one to approve" unless stated otherwise															

**Section B : Password Matters**

The request under Section A must be signed by the User/Delegate

Please reset my password  My access to BIB service has been blocked (Please reset my access to BIB service)

BIB User ID/Username: \_\_\_\_\_

Full name in BLOCK LETTERS of User/Delegate:  Primary User  Secondary User

Signature of User/Delegate \_\_\_\_\_

**Section C : Security Device Matters**

Please send a replacement Security Device for the following reason: <input type="checkbox"/> The Device has been misplaced/lost <input type="checkbox"/> The battery is low <input type="checkbox"/> The Device is broken <input type="checkbox"/> On/Off button stuck <input type="checkbox"/> The Device displays row of zeroes <input type="checkbox"/> Other reason (please indicate): _____ BIB User ID/Username: _____ Full name in BLOCK LETTERS of User/Delegate: <input type="checkbox"/> Primary User <input type="checkbox"/> Secondary User	Please send a replacement Security Device for the following reason: <input type="checkbox"/> The Device has been misplaced/lost <input type="checkbox"/> The battery is low <input type="checkbox"/> The Device is broken <input type="checkbox"/> On/Off button stuck <input type="checkbox"/> The Device displays row of zeroes <input type="checkbox"/> Other reason (please indicate): _____ BIB User ID/Username: _____ Full name in BLOCK LETTERS of User/Delegate: <input type="checkbox"/> Primary User <input type="checkbox"/> Secondary User
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