



Maintenance Form Please tick [X] your type of service	
<input type="checkbox"/>	Unlock System Administrator & System Authoriser User ID (User still remember password)
<input type="checkbox"/>	Reset password for System Administrator & System Authoriser (To generate new password)
<input type="checkbox"/>	Change Correspondence Address
<input type="checkbox"/>	Change Daily Transaction Limit
<input type="checkbox"/>	Change Debiting Account
<input type="checkbox"/>	Change Payment Control Option
<input type="checkbox"/>	Add new System Administrator & System Authoriser
<input type="checkbox"/>	Update information for existing user
<input type="checkbox"/>	Remove existing System Administrator & System Authoriser
<input type="checkbox"/>	Replace, Deactivate or Unlock Token
<input type="checkbox"/>	Request Additional Payment Authoriser Token(s)

A. Company Information

Compulsory

Company Name : _____
 M JOURNEY Corporate ID : _____

B. Request Option Please tick [X] your type of service

For Unlock System Administrator & System Authoriser User ID OR Reset password for System Administrator & System Authoriser ONLY

<input type="checkbox"/> System Administrator	<input type="checkbox"/> System Authoriser	<input type="checkbox"/> System Administrator	<input type="checkbox"/> System Authoriser
Company Name : _____		Company Name : _____	
M JOURNEY Corporate ID : _____		M JOURNEY Corporate ID : _____	
User Name : _____		User Name : _____	
<input type="checkbox"/>	Unlock User ID Reset Password	<input type="checkbox"/>	Unlock User ID Reset Password
*Note: User will get new password		*Note: User will get new password	
Email : _____		Email : _____	

C. Request Option *Please tick [✓] your type of service*

For Change Correspondence Address, Daily Transaction Limit, Debiting Account & Payment Control Option **ONLY**

Change of Correspondence Address

Address : _____

 Postcode : _____
 City : _____
 State : _____
 Others : _____

Change of Daily Transaction Limit

Single Payment (RM) : _____
 Bulk Payment (RM) : _____

Change of Debiting Account for Relevant Charges

Existing Account No. : _____
 New Account No. : _____

Payment Control Option *Please tick [✓] your type of service*

<input type="checkbox"/>	Enable Approver Function
<input type="checkbox"/>	Disable Approver Function

D. Request Option <i>Please tick [X] your type of service</i>		
<input type="checkbox"/> Add ID	<input type="checkbox"/> Remove ID	<input type="checkbox"/> Update ID

User Name : _____
 User ID : _____
 NRIC/Passport No. : _____
 Mobile No. : _____
 Email Address : _____

<input type="checkbox"/> Add ID	<input type="checkbox"/> Remove ID	<input type="checkbox"/> Update ID
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User Name : _____
 User ID : _____
 NRIC/Passport No. : _____
 Mobile No. : _____
 Email Address : _____

<input type="checkbox"/> Add ID	<input type="checkbox"/> Remove ID	<input type="checkbox"/> Update ID
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User Name : _____
 User ID : _____
 NRIC/Passport No. : _____
 Mobile No. : _____
 Email Address : _____

Note: Please attach the photocopy NRIC/Passport of the new User. You may also submit the photocopy NRIC/Passport of the new user on separate A4 sheet.

E. Request Option Please tick [X] your type of service
Replace, deactivate or unlock token

<input type="checkbox"/>	Replace Token	<input type="checkbox"/>	Deactivate Token	<input type="checkbox"/>	Unlock Token
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For Replace, Deactivate, Unlock **OR** Additional Payment Authorizer Token Request **ONLY**

User Name : _____
 User ID : _____
 NRIC/Passport No. : _____
 Token Serial No. : _____
 (Applicable for Hard Token only)

Reason:	<input type="checkbox"/> Lost	<input type="checkbox"/> Faulty	Others: _____
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Additional Payment Authorizer Token Request

Additional Number of Token Required : _____
 Preferred Branch to Collect : _____
 Courier Address (Delivered to this Address) : _____
Tick one of the boxes above

Note: Effective 1 March 2023, all physical token replacement request will be replaced with M JOURNEY Secure Soft Token. The M JOURNEY Secure Soft Token feature is accessible through M JOURNEY Corporate mobile app that is available for download at Apple Appstore and Android Playstore. For any additional physical token request or token replacement, the charges will be debited from your designated account as specified in the Application Form. Please refer to the Terms & Conditions for relevant charges information.

F. Company Authorised Signatory (ies)
 I/We confirm that I/We am/are duly authorized by the Company to sign this form and on its behalf

 (Signature) _____ (Signature)

Name: _____ Name: _____
 NRIC No.: _____ NRIC No.: _____

 (Signature) _____ (Signature)

Name: _____ Name: _____
 NRIC No.: _____ NRIC No.: _____

For Bank's Use Only		
Attended by:	Verified by:	Remarks: