

REFLEX Service Request Maintenance Form

User Maintenance

Complete all relevant sections and submit the Service Request Maintenance Form along with required supporting document(s) (where applicable) to the account holding RHB Bank Branch.

A. Corporate Details

Corporate Name

Corporate ID Corporate Primary Account No.

B. Request Details (Please tick whichever applicable)

Update System Administrator(s) Details (for replacement of System Administrator, please enclosed a photocopy of IC/Passport)

SYSADMIN1

Name*

NRIC*/Passport* Mobile Number*

E-mail*

Transaction Limit Enable SysAdmin with Financial Transaction Module

SYSADMIN2

Name*

NRIC*/Passport* Mobile Number*

E-mail*

Transaction Limit Enable SysAdmin with Financial Transaction Module

Additional Token Request (Reflex Secure Plus - 2 Factor Authentication (2FA) via registered smartphone) Quantity

Please note that RM50.00 will be imposed on each unit of additional token issued and the sum will be debited from the Primary Corporate Account

Token Replacement

1. User ID <input type="text"/>	Token Serial Number <input type="text"/>
Replacement Reason <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Defective/Damage <input type="checkbox"/> Low Battery	
2. User ID <input type="text"/>	Token Serial Number <input type="text"/>
Replacement Reason <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Defective/Damage <input type="checkbox"/> Low Battery	
3. User ID <input type="text"/>	Token Serial Number <input type="text"/>
Replacement Reason <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Defective/Damage <input type="checkbox"/> Low Battery	

Please note that all token replacement will be upgraded to Reflex Secure Plus (2 Factor Authentication via Registered Smartphone) and no hard token will be given. RM50.00 will be imposed on each unit of replacement token issued and the sum will be debited from the Primary Corporate Account.

C. Declaration

I/We hereby confirm that I/we am/are authorized to act for and on behalf of the Company/Association/Club/Society/Partnership/ Agency/Entity.

I/We hereby confirm that all information provided herein and in any other form related to this application is true and accurate to the best of my/our knowledge as at the date of this application.

D. Authorised Signatory/ies

_____ Signatory 1	_____ Signatory 2	_____ Company Stamp
----------------------	----------------------	------------------------

Name* <input type="text"/>	Name* <input type="text"/>
Designation* <input type="text"/>	Designation* <input type="text"/>
NRIC*/Passport* <input type="text"/>	NRIC*/Passport* <input type="text"/>
Date* <input type="text"/>	Date* <input type="text"/>

For BANK use only

Branch Code Date

Processing Checklist:

- I hereby confirmed that:
- Duly completed form, along with the necessary supporting documents.
 - Authorised signatory(ies) is/are as per account operating mandate (Reflex Primary Corporate Account)

Verified by,

Signature

Name:

Designation: