

REFLEX Service Request Maintenance Form

Account 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)

Change Billing Account

Account No. Account Name

Add Subsidiary Account(s) (Please attach separate sheet for more accounts)

1. Account No. Account Name

2. Account No. Account Name

3. Account No. Account Name

Designated Payment (Please attach separate sheet for more accounts)

3rd Party Account

	Account Number	Beneficiary Name	Resident Status (R/NR)	
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident

IBG

	Account Number	Beneficiary Name	Resident Status (R/NR)	
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
	Beneficiary Bank <input type="text"/>	IC / Passport / BR No. <input type="text"/>		
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
	Beneficiary Bank <input type="text"/>	IC / Passport / BR No. <input type="text"/>		
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
	Beneficiary Bank <input type="text"/>	IC / Passport / BR No. <input type="text"/>		

RENTAS

	Account Number	Beneficiary Name	Resident Status (R/NR)	
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
	Beneficiary Bank <input type="text"/>	IC / Passport / BR No. <input type="text"/>		
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
	Beneficiary Bank <input type="text"/>	IC / Passport / BR No. <input type="text"/>		
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident
	Beneficiary Bank <input type="text"/>	IC / Passport / BR No. <input type="text"/>		

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

<p>_____</p> <p>Signatory 1</p>	<p>_____</p> <p>Signatory 2</p>	<p>_____</p> <p>Company Stamp</p>
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: _____