



Please forward the completed form to:
Maybank
 Payments & Services Centre 2 (KOVAN)
 ROBINSON ROAD P.O. BOX 479
 Singapore 900929
 Or submit to any of our **Maybank Branches**

BUSINESS INTERNET BANKING CHANGE IN NOTIFICATION THRESHOLD REQUEST FORM

Please allow 5 business days from the date we receive your request, for your records to be updated.

PART 1: PARTICULARS OF BUSINESS				
Name of Company				
Business Registration No.				
PART 2: CHANGE NOTIFICATION THRESHOLD				
<input checked="" type="checkbox"/> Enrol <input checked="" type="checkbox"/> De-enrol				
Type of Services	SMS	Email	Service Threshold (SGD) (Strike out what is not applicable)	
1. Credit Card Payment	<input type="checkbox"/>	<input type="checkbox"/>	S\$	Any Amount / 1000 / 5000 / 10000
2. Funds Transfer to Account Number or PayNow ID	<input type="checkbox"/>	<input type="checkbox"/>	S\$	Any Amount / 1000 / 5000 / 10000
3. APS+/OBG*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not Changeable	
4. RegionLink – Online Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	S\$	Any Amount / 1000 / 5000 / 10000
5. Telegraphic Transfer*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not Changeable	
6. Cashier's Order/Demand Draft*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not Changeable	
7. Scheduled/Recurring Transactions*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Not Changeable	
8. Add Payee*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Not Changeable	
(*) You cannot opt-out from receiving notifications for these transactions.				
Note:				
1. It is your responsibility to ensure that you have provided us with your updated contact details. Should you need to update your contact details, please submit BIB Update of Customer Contacts Form.				
2. You may opt out from receiving SMS and/or email notifications for selected services. Where it deems it necessary, the bank will send you at least a notification upon performing selected transactions.				
PART 3: DECLARATION BY APPLICANT				
I/We declare that the above information provided by me/us is true and accurate and I/we agree to abide by the prevailing Terms and Conditions of Maybank Internet Banking Services and the applicable accounts and services linked thereto. I/We hereby authorise Maybank to carry out our instruction in respect of the notification threshold indicated above.				
PART 4: AUTHORISED PERSONS / SIGNATOR(IES)				
Name				
Signature				
Date				
For Bank Use Only				
Company CIF No:				
Verified by:				
Signature / Date:				
Remarks:				