

EXTERNAL USER ID ACCESS REQUEST FORM (Form B)

Log No:

Note: 1. All fields are compulsory 2. Please write legibly & ∑ where applicable 3. Date format: dd/mm/yyyy

Section 1 (to be complete	ed by Requestor-External User)					
Name:						
Employee No:						
Identity Card No.:						
Designation/Department:						
Bank / Organization Name:						
Bank / Organization Address:						
	Oite	Destanda				
	City:	Postcode:				
0 (1)	State:	Country:				
Contact No. :		Email Address:				
Status:	Permanent Temporary, F	From (Date): To:				
System/Application:						
a. IBG / Direct Debit						
☐Payswitch Application☐ IBG☐ Direct Debit	☐ FI Report Server* ☐ IBG ☐ Direct Debit	* IP Address: (Registered with TM and to be registered at PayNet Firewall)				
b. DDA DMS Bank Approver	☐ FI Report Server*	* IP Address:				
Bank Enquiry		(Registered with TM and to be registered at PayNet Firewall)				
c. FPX FI Report Server (Bank Only) FPX Webview* (BANK) Maker (Admin) FPX -TPA Webview Authorizer (Admin))				
		*Exchange ID : <u>EX</u>				
* IP Address:		*Seller ID : SE				
(Registered with TM and to be reg	istered at PayNet Firewall)	*Seller ID : <u>SE</u>				
BANK Administrator Checker Maker FI Report Server*	BILLER Administrator Checker Maker SMTP Server	* IP Address:				
e. <u>CIT</u> General established	☐ EWIDT	IP Address:(Registered at PayNet Firewall)				
f. SAN / MyDebit Reports		,				
SFTP		IP Address:				
g. <u>RPP</u>	☐ UPF	IP Address:(Registered with TM and to be registered at PayNet Firewall)				
h. DLS / ECMS Domestic SAN Issuer Maker Authorizer HOD Cross-border (CBPOS)	☐ Domestic SAN ☐ Acquirer ☐ Maker ☐ Authorizer ☐ HOD ☐ Cross-border ☐ Acquirer	☐ Domestic SAN ☐ Beneficiary ☐ Maker ☐ Authorizer ☐ HOD ☐ Cross-border ☐ Beneficiary ☐ Beneficiary				



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Maker Author HOD MyDebit Issuer Author Author	izer	☐ A ☐ H ☐ MyDeb ☐ <i>Acqu</i> ☐ M ☐ A	<i>uirer</i> laker uthorizer OD	☐ Maker ☐ Authorizer ☐ HOD		
i. <u>RENTAS</u>		☐ RENTA	AS ILINK	RENTAS Mini		
j. <u>Others</u> Please specify:						
☐ Public IP*	☐ MPLS IF)		* IP Address: (Registered with TM and t Firewall)	o be registered at PayNet	
Environment:] SIT UAT	☐ CRT	☐ Production	☐ Disaster Recovery	
Request to:						
☐ Create ID	Delete/Revoke ID*		☐ Suspend/Disab	☐ Suspend/Disable ID* ☐ Activate/Enable/Unlock ID*		
☐ Reset Passv	word*	lify ID*				
*please specify	User ID:		*modify ID, spe	ecify the new profile:		
Reason for rec	quest:					
Signature:				Date:		
Approval (by Bank's Authorized Signatories)						
	Dank S Author		S)			
Request:	Bank's Author	Approved	☐ Not A	pproved (Please indicate in	remarks column below)	
	Bank's Author			•	remarks column below)	
Request: Name: Designation/De			□ Not A Rema	rks:	remarks column below)	
Request: Name:			☐ Not A	rks:	remarks column below)	
Request: Name: Designation/De			□ Not A Rema	rks:	remarks column below)	
Request: Name: Designation/De Contact No.: Signature:		Approved	□ Not A Rema Email Ad	rks:	remarks column below)	
Request: Name: Designation/De Contact No.: Signature: Section 2 (to	partment: be completed	□ Approved	□ Not A Rema Email Ad Date:	dress:		
Request: Name: Designation/De Contact No.: Signature: Section 2 (to Part A – For Bu	partment: be completed usiness / System	Approved	□ Not A Rema Email Ad Date:	dress: - Head of IT Security A	remarks column below) pproval (If Applicable) Not Approved	
Request: Name: Designation/De Contact No.: Signature: Section 2 (to	partment: be completed usiness / System	□ Approved by PayNet) Owner Approval	□ Not A Rema Email Ad Date:	dress: Head of IT Security Apst:	pproval (If Applicable)	
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Request: Name: Designation/De Contact No.: Signature: Section 2 (to Part A – For Bu Request: Signature: Name: Date: Part C– System	partment: be completed usiness / System Approved	by PayNet) Owner Approval Not Approved	Part B Reques Signat Name: Date: Part D Review	dress: - Head of IT Security Apst: Approved ure: - System Access Contr	pproval (If Applicable) Not Approved	
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Request: Name: Designation/De Contact No.: Signature: Section 2 (to Part A – For Br Request: Signature: Name: Date: Part C– System Action (Maker) Request:	partment: be completed usiness / System Approved m Access Contro	by PayNet) Owner Approval Not Approved	Part B Reques Signat Name: Part D Review Furthe	dress: - Head of IT Security Apst: Approved ure: - System Access Control (Checker) r Review: Yes ure:	pproval (If Applicable) Not Approved ol Administrator	