

Note: 1. All fields are compulsory

2. Please write legibly & ☑ where applicable

3. Date format: dd/mm/yyyy

Section 1 (to be completed by Requestor-External User)

Name:			
Employee No:			
Identity Card No.:			
Designation/Department:			
Bank / Organization Name:			
Bank / Organization Address:			
		City:	Postcode:
		State:	Country:
Contact No. :	Email Address:		
Status:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary, From (Date): _____		To: _____
System/Application:			
a. IBG / Direct Debit			
<input type="checkbox"/> Payswitch Application <input type="checkbox"/> IBG <input type="checkbox"/> Direct Debit	<input type="checkbox"/> FI Report Server* <input type="checkbox"/> IBG <input type="checkbox"/> Direct Debit	* IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)	
b. DDA DMS			
<input type="checkbox"/> Bank Approver <input type="checkbox"/> Bank Enquiry	<input type="checkbox"/> FI Report Server*	* IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)	
c. FPX			
<input type="checkbox"/> FI Report Server (Bank Only) <input type="checkbox"/> FPX –TPA Webview	<input type="checkbox"/> FPX Webview* (BANK) <input type="checkbox"/> Maker (Admin) <input type="checkbox"/> Authorizer (Admin)	<input type="checkbox"/> FPX Webview* (MERCHANT) <input type="checkbox"/> Maker (Admin) <input type="checkbox"/> Authorizer(Admin)	*Exchange ID : EX _____ *Seller ID : SE _____
* IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)			
d. JomPAY			
BANK Administrator <input type="checkbox"/> Checker <input type="checkbox"/> Maker <input type="checkbox"/> FI Report Server*	BILLER Administrator <input type="checkbox"/> Checker <input type="checkbox"/> Maker <input type="checkbox"/> SMTP Server	* IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)	
e. CIT			
<input type="checkbox"/> eService	<input type="checkbox"/> EWIDT	IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)	
f. SAN / MyDebit Reports			
<input type="checkbox"/> SFTP	IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)		
g. RPP			
<input type="checkbox"/> ICS-XS	<input type="checkbox"/> UPF	IP Address: _____ (Registered with TM and to be registered at PayNet Firewall)	
h. DLS / ECMS			
<input type="checkbox"/> Domestic SAN <input type="checkbox"/> Issuer <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> Cross-border (CBPOS) <input type="checkbox"/> Issuer	<input type="checkbox"/> Domestic SAN <input type="checkbox"/> Acquirer <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> Cross-border <input type="checkbox"/> Acquirer	<input type="checkbox"/> Domestic SAN <input type="checkbox"/> Beneficiary <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> Cross-border <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Switch Partner

<input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> MyDebit <input type="checkbox"/> Issuer <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD	<input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD <input type="checkbox"/> MyDebit <input type="checkbox"/> Acquirer <input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD	<input type="checkbox"/> Maker <input type="checkbox"/> Authorizer <input type="checkbox"/> HOD
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i. RENTAS RENTAS iLINK RENTAS Mini

j. Others
 Please specify: _____

Public IP* MPLS IP

* IP Address: _____
 (Registered with TM and to be registered at PayNet Firewall)

Environment: SIT UAT CRT Production Disaster Recovery

Request to:

Create ID Delete/Revoke ID* Suspend/Disable ID* Activate/Enable/Unlock ID*

Reset Password* Modify ID*

*please specify User ID: _____ *modify ID, specify the new profile: _____

Reason for request:

Signature: _____ **Date:** _____

Approval (by Bank's Authorized Signatories)	
Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <i>(Please indicate in remarks column below)</i>
Remarks:	
Name:	_____
Designation/Department:	_____
Contact No.:	_____
Email Address:	_____
Signature:	_____
Date:	_____

Section 2 (to be completed by PayNet)

Part A – For Business / System Owner Approval

Request: Approved Not Approved

Signature: _____

Name: _____

Date: _____

Part B – Head of IT Security Approval (If Applicable)

Request: Approved Not Approved

Signature: _____

Name: _____

Date: _____

Part C– System Access Control Administrator Action (Maker)

Request: Completed Rejected

Signature: _____

Name: _____

Date: _____

Part D – System Access Control Administrator Review (Checker)

Further Review: Yes No

Signature: _____

Name: _____

Date: _____