MBI01-FormAplikasiM2E-2025

M2E USER & ACCESS APPLICATION FORM

Corp ID :
CIF No. :

☐ New Application ☐ Update Application ☐ Application Closure

Kindly complete the form in CAPITAL LETTERS and return to Maybank Indonesia.

A. COMPANY DETAILS

Company Name

B. CORPORATE ACCOUNT to be used for Bank Charges

☐ Charge Debit Account   ☐ Charge Primary Billing Account (Please Indicate Below)

Account No.*   Base Currency*

C. SERVICES REQUIRED

Please tick (✓) below for services required only.

☐ **Account Services**
  ☐ Deposit (Current Account)   ☐ Loan   ☐ Investment (Time Deposit)   ☐ Other Bank Account   ☐ Other : ....

☐ **Payment Management**
  ☐ Book Transfer Own Account   ☐ Payroll Management
  ☐ Book Transfer Third Party   ☐ Paylife
  ☐ RTGS,SKN,Domestic Online   ☐ Cheque Book Management
  ☐ Payment Bills Payment   ☐ Statutory Bady (Tax Payment)
  ☐ BI-FAST

☐ **Collection Management**   ☐ Direct Debit   ☐ Virtual Account

☐ **Liquidity Management**

☐ **Regional Link**

D. SYSTEM ADMINISTRATOR (Non mandatory. Applicable only for Administrator by Corporate)

MAKER	CHECKER
Name (Mr./Mrs./Ms.)* :	Name (Mr./Mrs./Ms.)* :
Designation :	Designation :
Email* :	Email* :
Tel No./Mobile No.* :	Tel No./Mobile No.* :
ID/Passport No.* :	ID/Passport No.* :

CLIENT INITIAL   STAMP

*Mandatory and must be filled in for your application to be accepted.

Humanising
Financial Services

Maybank

Terms and conditions apply.

E. USER NOMINATION DETAILS

Appoint this below users to operate M2E according to their designated role. If there are more accounts in companies/subsidiaries, please make copies of this page before filling up.

USER 1 ☐ New ☐ Update ☐ Delete ☐ Token Replacement

Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____

Email* : _____

Tel No./Mobile No.* : _____

ID/Passport No.* : _____

User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
                 ☐ Verifier ☐ Releaser

Confidentiality* : ☐ Allowed to view details ☐ Not allowed to view details

Email Notification* : ☐ Allowed notification ☐ Not allowed notification

Applicable for Payroll Management only

Access Right : ☐ Staff ☐ Includes Management

USER 2 ☐ New ☐ Update ☐ Delete ☐ Token Replacement

Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____

Email* : _____

Tel No./Mobile No.* : _____

ID/Passport No.* : _____

User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
                 ☐ Verifier ☐ Releaser

Confidentiality* : ☐ Allowed to view details ☐ Not allowed to view details

Email Notification* : ☐ Allowed notification ☐ Not allowed notification

Applicable for Payroll Management only

Access Right : ☐ Staff ☐ Includes Management

USER 3 ☐ New ☐ Update ☐ Delete ☐ Token Replacement

Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____

Email* : _____

Tel No./Mobile No.* : _____

ID/Passport No.* : _____

User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
                 ☐ Verifier ☐ Releaser

Confidentiality* : ☐ Allowed to view details ☐ Not allowed to view details

Email Notification* : ☐ Allowed notification ☐ Not allowed notification

Applicable for Payroll Management only

Access Right : ☐ Staff ☐ Includes Management

USER 4 ☐ New ☐ Update ☐ Delete ☐ Token Replacement

Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____

Email* : _____

Tel No./Mobile No.* : _____

ID/Passport No.* : _____

User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
                 ☐ Verifier ☐ Releaser

Confidentiality* : ☐ Allowed to view details ☐ Not allowed to view details

Email Notification* : ☐ Allowed notification ☐ Not allowed notification

Applicable for Payroll Management only

Access Right : ☐ Staff ☐ Includes Management

USER 5 ☐ New ☐ Update ☐ Delete ☐ Token Replacement

Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____

Email* : _____

Tel No./Mobile No.* : _____

ID/Passport No.* : _____

User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
                 ☐ Verifier ☐ Releaser

Confidentiality* : ☐ Allowed to view details ☐ Not allowed to view details

Email Notification* : ☐ Allowed notification ☐ Not allowed notification

Applicable for Payroll Management only

Access Right : ☐ Staff ☐ Includes Management

USER 6 ☐ New ☐ Update ☐ Delete ☐ Token Replacement

Existing ID: _____

Name (Mr./Mrs./Ms.)* : _____

Designation : _____

Email* : _____

Tel No./Mobile No.* : _____

ID/Passport No.* : _____

User Function* : ☐ Viewer ☐ Data Entry ☐ Authoriser
                 ☐ Verifier ☐ Releaser

Confidentiality* : ☐ Allowed to view details ☐ Not allowed to view details

Email Notification* : ☐ Allowed notification ☐ Not allowed notification

Applicable for Payroll Management only

Access Right : ☐ Staff ☐ Includes Management

CLIENT INITIAL	STAMP

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F. AUTHORISED ACCOUNT / ACCESS MATRIX

Please tick (✓) in the appropriate box below to assign modules and user access. If there are more accounts in companies/subsidiaries, please make copies of this page before filling up.

ACCOUNT NUMBER(S) (For example : Current Account, Trade, Loan Account, Other Bank Account, etc.)	A/C Services	MODULE(S) Payment Management (Electronic Payment,Payroll Management, Cheque Book Management)											RL	USER(S)
		BT-OA	BT-TP	SKN	RTGS	TO	OTT	BP	SPRL	MPRL	CBM	TAX BI-FAST		
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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KETERANGAN :

Payment Management

- BT-OH   - Book Transfer Own Account
- BT-TP   - Book Transfer Third Party
- ACH   - Outward SKN
- RTGS   - Outward RTGS
- TAX   - Statutory Body (Tax Payment)

- TO   - Transfer Online
- OTT   - Outward Telegraphic Transfer
- RL   - Regional Link
- BP   - Bills Payment
- BI-FAST - BI-FAST Payment

Payment Management - Payroll Management

- SPRL - Staff Payroll , MPRL - Management Payroll

Payment Management - Cheque Book Management

- CBM   - Cheque Book Management

G . AUTHORISATION CONDITION MA TRIX

Please specify the Authorisation condition matrix in Authorisation Matrix table below. If there are more authorisation condition matrix in companies/ subsidiaries, please make copies of this page before filling up.

AUTHORISATION MATRIX (For Example: Maker+ Approval+ Releaser)	

CLIENT INITIAL	STAMP

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H. TRANSACTION LIMIT

DAILY TRANSACTION LIMIT FOR CORPORATE	

NO	PRODUCT	PER TRANSACTION LIMIT
1	Book Transfer Own Account	
2	Book Transfer Third Party	
3	Domestic Transfer - SKN	
4	Domestic Transfer - RTGS	
5	Domestic Transfer - Online	
6	Outward Telegraphic Transfer	
7	Bill Payment	
8	Statutory Body (Tax Payment)	
9	Multi Debit/Grand Debit	
10	Liquidity Management (Sweeping)	
11	BI-FAST Payment	

I. ACKNOWLEDGEMENT

I/We hereby declare that the information provided in this form is true, accurate, complete, and not misleading.

I/We hereby declare that I/We have read, understood, accepted, and agreed to the "Maybank Terms and Conditions on M2E Services."

I/We understand that the M2E application process may require several working days in accordance with the Bank's internal processing procedures.

I/We hereby declare that we are responsible for all costs, liabilities, losses, claims for compensation, criminal charges, and civil lawsuits from any party as long as the Bank has executed the instructions I/We have provided correctly.

I/We hereby declare that:

(i) All data, information, and/or documents I/We have provided to the Bank for the purpose of the M2E Services are true, accurate, and represent the most current data and documents in accordance with the originals (if provided in the form of copies). If there are any changes to the data and/or documents, I/We are obligated to inform the Bank of these changes in writing and/or verbally, accompanied by the supporting data/documents. If the data/information and/or documents I/We have provided are not accurate, then the Bank is not responsible for any consequences arising from the provision of such data/information and/or documents.

(ii) I/We agree and authorize the Bank to use, manage, disclose, or conduct checks/verifications of the information with third parties who cooperate with or are appointed by the Bank, for all data, details, information, and documents received by the Bank regarding I/We, including but not limited to personal data, transactions, status, collectibility, and M2E Services.

(iii) If there is data, information, and/or documents belonging to other parties that I/We have provided or submitted to the Bank, I/We declare and warrant that I/We have legally obtained the consent from those parties to provide such data, information, and/or documents to the Bank to be used for the required period in relation to the Purpose, and the Bank will store such data, information, and/or documents in accordance with the data security standards applicable at the Bank.

I/We understand that the Bank processes Personal Data and applies the principles of Personal Data protection in accordance with Law No. 27 of 2022 concerning Personal Data Protection including any amendments from time to time (hereinafter referred to as the PDP Law) and its implementing regulations, including regulations issued by the Financial Services Authority in the future. I/We can read the summary of the Bank's Personal Data processing policy in the Bank1s Privacy Notice which can be accessed at any time on the Bank's website: https://www.maybank.co.id on the Security and Privacy page. The Bank will update the Privacy Notice from time to time in accordance with the Bank1s policies and/or to comply with applicable laws and regulations. By signing this Form, I/We declare that I/We have read and understood the Bank1s explanation regarding Personal Data processing and agree to the definition of Personal Data as stated in this Form in accordance with the PDP Law and give consent to the Bank to process Personal Data in connection with the implementation of the Purpose.

(iv) If at a later time, for any reason, the Bank provides Personal Data belonging to an authorized party representing the Bank to I/We, I/We agree and understand that I/We will apply the principles of Personal Data protection in accordance with the PDP Law. I/We are willing to be responsible if I/We provide Personal Data originating from the Bank to other parties.

STAMP DUTY

_____   _____
Authorised Signatory **   Authorised Signatory **

Name (Mr./Mrs./Ms.): _____   Name (Mr./Mrs./Ms.): _____

Date (DDMMYYYY) : _____   Date (DDMMYYYY) : _____

CLIENT INITIAL	STAMP

*Mandatory and must be filled in for your application to be accepted.

** Authorised Signatory(ies) as per Board of Resolution with Maybank.

J. FOR BANK USE ONLY

For initiating centre use only	For Cash Management Department (CMD) use only

For initiating centre use only

Confirmed by :

We hereby verify and confirm the above signatory(ies) is/are genuine and wish to recommend them for the Maybank2E services as stated in this application.

Customer Services :
_____
Signature

Supervisor
Customer Services/ :
Service Manager
_____
Signature

Branch Manager/ :
Area Branch Manager
_____
Signature

For Cash Management Department (CMD) use only

Sales Name : _____

NPK : _____

Phone Number : _____

Email : _____

Branch : _____

TB Implementation

Maker : _____
Signature

Checker : _____
Signature

Checklist for com leteness of M2E form (by Maybank branch)

Initialize the Checker box below according to the completeness of the form

NO	CHECKLIST	CHECKER
1	Attachment of a copy of the identity of the signing Officer and user – WNI: Using KTP – FOREIGNERS: Using a Passport	
2	If if a third party account is registered, make sure the Approval Form & Power of Attorney is attached.	
3	If there are additional tokens, make sure the Power of Attorney Form for Account	
4	In section E, the name, access role, email address and telephone number of the user must be filled in completely.	
5	In section F, Writing a clear account number and must be complete.	
6	In section J, Signature, clear name and position of CS, Spv / SM, BM / ABM must be filled in	
7	Call Back stamp of the signing official containing the name of the official, telephone number, date, and name of the branch officer and the results of the call back must	

CLIENT INITIAL	STAMP

Please make sure:

1. Address and the DCIF office address telephone number as the token delivery address must be completely filled
2. General column email address DCIF as a company email must be filled in completely
3. Name and data of Officials the signatory of the form must be filled in completely on the Related CIF
4. Form submitters must be via email to the Service Manager or Customer Service Supervisor

Summary information of M2E products & services available at www.maybank.co.id/M2E

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 Maybank   @MaybankID   Maybankid

📱 **1500611 or +6221 78869811 (international)**   ✉ **customercare@maybank.co.id**