

# APPLICATION FOR AUTO SWEEPING FACILITY

Date:

Group Operations  
e-Channel Processing  
Level 4, Tower 3  
RHB Bank Berhad  
RHB Centre, Jalan Tun Razak  
50400 Kuala Lumpur

Dear Sir,

## APPLICATION FOR RHB BANK AUTO SWEEPING FACILITY

We wish to apply for the above facility at RHB Bank Berhad. Details of our application are as follows:

**Part A:** Our details and particulars are as follows:

Company Name	
Registration No.	
Address	
Contact No	
Contact Person	

**Part B:** We hereby apply for the following sweeping facility with RHB Bank Berhad:

	One Way Sweep	Two Way Auto Sweep
Select type of services (✓)	<input type="checkbox"/>	<input type="checkbox"/>

Note:

1. One Way Sweep is a facility where the fund debited "From Account" will be transferred "To the Principal Account" daily by batch at midnight, leaving the "From Account" with zero balance.
2. Two Way Sweep is a facility where you can set the target balance to be left in the "From Account" and if the "From Account" balance does not meet the target, sweeping from the "Principal Account" will be automatically done to cover the shortfall by batch at midnight.

**Part C:** We hereby authorize RHB Bank Berhad to link the following accounts maintained with your respective branches for the daily transfer (by batch at midnight):

**1. One Way Sweep Details** (leave blank if not applicable)

To Principal Account Number	
Principal Account Holder Name	
Principal Account Bank Branch	

No.	From Account Number	Account Name (leave blank if same as principal)	Bank Branch	Target Balance
1				
2				
3				
4				
5				

Note: If the From Account is a Subsidiary Account, your subsidiaries are required to provide Board Resolution authorizing the linkage of their account to the Principal Account for this facility.

Allocation to the From Account (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**2. Two Way Auto Sweep Details** (leave blank if not applicable)

To Principal Account Number	
Principal Account Holder Name	
Principal Account Bank Branch	

No.	From Account Number	Account Name (leave blank if same as principal)	Bank Branch	Target Balance
1				
2				
3				
4				
5				

Note: If the From Account is a Subsidiary Account, your subsidiaries are required to provide Board Resolution authorizing the link of their account for this facility.

Allocation to the From Account (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Part D:** We have read and understood and hereby agreed to be bound by the following terms and conditions:

1. I/We hereby confirm that all information provided is true and accurate to the best of my/our knowledge as at the date of this application;
2. I/We hereby authorize the Bank to debit the principal account for any fee and charges agreed mutually or as determined by the Bank;

3. The submission of this application letter does not mean an acceptance of my/our application or an agreement by the Bank, and that the application has to be formally accepted by the Bank;
4. If the Bank accepts the application, the Bank will give me/us written notice of its acceptance and permit me/us to commence access and/or use of the Services;
5. I/We agree and confirm that the operating of the Auto Sweeping facility is also subject to the existing Current Account terms and conditions.
6. That the Bank reserves its right not to accept the application for whatsoever reason, without any notice to me/us;
7. I/We hereby confirm that I/We are authorized to act for and on behalf of the Company/Association/Club/Society/Partnership to apply for the Auto Sweeping facility provided by the Bank;
8. I/We will inform in writing any intention to terminate the sweeping service;

Thank you.

\_\_\_\_\_  
 Authorized Signatory (ries) and Company Stamp (Chop)

**For Bank Use Only**

Sweeping Maintenance:  WITH ZBA (Y - 2 Way Sweep ; N - 1 Way Sweep)  
 (To be filled up by Business Team)  WITHOUT ZBA (A - 2 Way Sweeping ; B - 1 Way Sweeping)

Sweeping Rate Offered: \_\_\_\_\_  
 (To be filled up by Business Team)

Concentration Account No.: \_\_\_\_\_

1. All relevant documents are in order.
2. All particulars have been verified and maintained.
3. The service charge has been set up.

	Name	Sign	Documents	Date
Created by				
Reviewed by				
Approved by				