

**All fields to be completed in BLOCK LETTERS. Please indicate "N.A." where inapplicable.**

### 3. User Information Details

Please read the notes below before filling up the appropriate section

- Inquirer: View account details only
- Administrator: Able to perform user security administration
- Administrator + Financial Transaction: Perform user security administration + Create, review or approve transactions
- Maker: Create transactions
- Reviewer: Review transactions submitted by Maker
- Authorizer: Approve transactions

#### USER 1

|                              |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| User ID <sup>1</sup>         |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Full name <sup>2</sup>       |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| National ID / Passport No.   |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile Number <sup>3</sup>   | +            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                              | Country Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Designation                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Corporate Email <sup>4</sup> |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

#### Select ONE User Role

- ☐ Inquirer
- ☐ Administrator 1 (Maker)
- ☐ Administrator 1 (Maker) with Financial Transactions
- ☐ Single Control Access (SuperID) – *This same user will initiate and approve all transactions.*

<sup>1</sup> Min 6-18 characters with no space or special character

<sup>2</sup> As per National ID / Passport

<sup>3</sup> Required to receive SMS notifications

<sup>4</sup> Required to receive email notifications

| Approving Person(s) Initial |  |
|-----------------------------|--|
|                             |  |

Please read the notes below before filling up the appropriate section

- Inquirer: View account details only
- Administrator: Able to perform user security administration
- Administrator + Financial Transaction: Perform user security administration + Create, review or approve transactions
- Maker: Create transactions
- Reviewer: Review transactions submitted by Maker
- Authorizer: Approve transactions

## USER 2

|                              |                      |
|------------------------------|----------------------|
| User ID <sup>1</sup>         | <input type="text"/> |
| Full name <sup>2</sup>       | <input type="text"/> |
| National ID / Passport No.   | <input type="text"/> |
| Mobile Number <sup>3</sup>   | <input type="text"/> |
|                              | <input type="text"/> |
| Designation                  | <input type="text"/> |
| Corporate Email <sup>4</sup> | <input type="text"/> |
|                              | <input type="text"/> |

### Select ONE User Role

- ☐ Inquirer
- ☐ Administrator 2 (Authorizer)
- ☐ Administrator 2 (Authorizer) with Financial Transactions

<sup>1</sup> Min 6-18 characters with no space or special character

<sup>2</sup> As per National ID / Passport

<sup>3</sup> Required to receive SMS notifications

<sup>4</sup> Required to receive email notifications

Approving Person(s) Initial

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Please read the notes below before filling up the appropriate section

- Inquirer: View account details only
- Administrator: Able to perform user security administration
- Administrator + Financial Transaction: Perform user security administration + Create, review or approve transactions
- Maker: Create transactions
- Reviewer: Review transactions submitted by Maker
- Authorizer: Approve transactions

**USER 3**

|                              |  |
|------------------------------|--|
| User ID <sup>1</sup>         | <input type="text"/>   |
| Full name <sup>2</sup>       | <input type="text"/>   |
| National ID / Passport No.   | <input type="text"/>   |
| Mobile Number <sup>3</sup>   | <input type="text"/> + <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|                              | Country Code   |
| Designation                  | <input type="text"/>   |
| Corporate Email <sup>4</sup> | <input type="text"/>   |

**Select ONE User Role**

- ☐ Inquirer (Optional)
- ☐ Maker
- ☐ Reviewer (Optional)
- ☐ Authorizer

<sup>1</sup> Min 6-18 characters with no space or special character

<sup>2</sup> As per National ID / Passport

<sup>3</sup> Required to receive SMS notifications

<sup>4</sup> Required to receive email notifications

| Approving Person(s) Initial |                      |
|-----------------------------|----------------------|
| <input type="text"/>        | <input type="text"/> |

Please read the notes below before filling up the appropriate section

- Inquirer: View account details only
- Administrator: Able to perform user security administration
- Administrator + Financial Transaction: Perform user security administration + Create, review or approve transactions
- Maker: Create transactions
- Reviewer: Review transactions submitted by Maker
- Authorizer: Approve transactions

#### USER 4

|                              |                      |
|------------------------------|----------------------|
| User ID <sup>1</sup>         | <input type="text"/> |
| Full name <sup>2</sup>       | <input type="text"/> |
| National ID / Passport No.   | <input type="text"/> |
| Mobile Number <sup>3</sup>   | <input type="text"/> |
|                              | <input type="text"/> |
|                              | <input type="text"/> |
| Designation                  | <input type="text"/> |
| Corporate Email <sup>4</sup> | <input type="text"/> |
|                              | <input type="text"/> |

#### Select ONE User Role

- ☐ Inquirer (Optional)
- ☐ Maker
- ☐ Reviewer (Optional)
- ☐ Authorizer

Note: Please use Appendix 1 to add more user(s)

<sup>1</sup> Min 6-18 characters with no space or special character

<sup>2</sup> As per National ID / Passport

<sup>3</sup> Required to receive SMS notifications

<sup>4</sup> Required to receive email notifications

| Approving Person(s) Initial |                      |
|-----------------------------|----------------------|
| <input type="text"/>        | <input type="text"/> |

**Approving Conditions for Single Control Access**

☐ Single Authorizer

**Approving Conditions for Dual Control Access**

☐ Any 1 authorizer required to approve a transaction **OR**

☐ Any 2 authorizers required to approve a transaction (Please specify minimum 2 authorizers) **OR**

☐ Customized transaction signing (Please use Customized Setup Section Below)

**CUSTOMISED SETUP (DUAL CONTROL ACCESS APPLICATION ONLY)**

*Please read the notes below before filling up the appropriate section.*

**Authorization Group**

Indicate the grouping alphabets eg. A, B, C, etc.

| User Name | Group |
|-----------|-------|
|           |       |
|           |       |
|           |       |
|           |       |
|           |       |

**Authorization Mandate**

Combination of Authorizer grouping(s)

Eg. 2A + 1B (2 Group A authorizers + 1 Group B authorizer)

**Sequential Authorization**

Eg. Priority 1: 2A + Priority 2: 1B or Priority 1: 1C

(2 Group A must approve before 1 Group B to complete; or 1 Group C can approve to complete)

| Transaction Limit |        |       |        | Authorization Mandate | Sequential Authorization<br>(Tick if Applicable) |
|-------------------|--------|-------|--------|-----------------------|--|
| From              |        | To    |        |                       |  |
| Curr.             | Amount | Curr. | Amount |                       |  |
|                   |        |       |        |                       | <input type="checkbox"/> Priority: _____         |
|                   |        |       |        |                       | <input type="checkbox"/> Priority: _____         |
|                   |        |       |        |                       | <input type="checkbox"/> Priority: _____         |
|                   |        |       |        |                       | <input type="checkbox"/> Priority: _____         |
|                   |        |       |        |                       | <input type="checkbox"/> Priority: _____         |

Approving Person(s) Initial

|  |  |
|--|--|
|  |  |
|--|--|

#### 4. Agreement

To be signed only by person(s) approved in Board Resolution(BR) or Letter of Authorization (LOA) to apply for banking services.

1. Authorize and agree for all service fees to be debited from my/our account(s) with the Bank.

Note:

- The subscription and service fees shall be debited from your account upon issuance of your Corporate ID/ Organization ID.
  - The service fee is charged on each transaction and shall be debited from your account upon processing of your payment files.
  - The training fee is levied every time a training session is conducted at your site and shall be debited from your account upon completion of training.
  - The subscription, service, token, and training fees mentioned above are non-refundable.
  - Token charge is applicable for replacement of lost or damaged tokens.
  - All fees/charges incurred will be subjected to the prevailing tax (where applicable).
2. Confirm that the person(s) whose information is/are provided in this form is/are authorized to perform and effect all transactions and services for and on my/our behalf and all such transactions shall be binding and conclusive on me/us.
  3. Agree to the collection, use and disclosure of the information provided herein and any other information provided to or obtained by the Bank from time to time for the purposes as set out in the Bank's Terms and Conditions Governing the use of RHB Reflex.
  4. Are authorized to act for and on behalf of the Corporate/Associate/Club/Society/Partnership/Limited Partnership/Limited Liability Partnership to apply for the RHB Reflex provided by the bank.
  5. All information provided herein and any documents submitted are true, correct and complete.
  6. Have read, understood and agreed to abide and be bound by the bank's terms and conditions, this Application Form and RHB Reflex Terms and Conditions made available on [www.rhbgroup.com/cambodia](http://www.rhbgroup.com/cambodia) as may be amended, varied supplemented, substituted and/or replaced by the Bank from time to time.
  7. In the case of dual access or control ("Dual Control"), two or more people are required to be actively involved in order to complete a transaction. This involves having a person responsible for initiating or creating the transaction and another individual of higher authority to approve the transaction in the system. In the case of single access or control ("Single Control") only one person is required to complete a transaction. For all transactions initiated through RHB Reflex, the system defaults to have Dual Control in place as account fraud and identify theft are frequently the result of Single Control.

For more details on RHB Reflex Terms and Conditions  
And service fees applicable, please visit  
<https://www.rhbgroup.com.kh/>

| Approving Person(s) Initial |  |
|-----------------------------|--|
|                             |  |

The following clause is applicable for selecting Single Control Access

8. I/We fully understand and acknowledge the characteristics and risks of having Single Control, which carries risk of compromise when compared with the benefit of Dual Control Access, which provides an extra layer of security. I/We hereby authorize RHB Bank (Cambodia) Plc. To proceed with Single Control Setup in RHB Reflex. I/We shall assume and be responsible for the risks inherent in Single Control Access. I/We undertake to indemnify and hold the bank fully indemnified from and against any loss, costs (including solicitor and client costs on a fully indemnity basis), charges, damages, claims, demands, actions, proceedings and all other liabilities of whatever nature however incurred or suffered by me/us or the Bank as a result of the Bank agreeing to act on my/our said authorization.

Approving Person

|           |
|-----------|
| Signature |
|-----------|

|                  |   |
|------------------|---|
| Name             | <input type="text"/>  |
| NID/Passport No. | <input type="text"/>  |
| Date             | <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/> |

Approving Person

|           |
|-----------|
| Signature |
|-----------|

|                  |   |
|------------------|---|
| Name             | <input type="text"/>  |
| NID/Passport No. | <input type="text"/>  |
| Date             | <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/> |

Approving Person

|           |
|-----------|
| Signature |
|-----------|

|                  |   |
|------------------|---|
| Name             | <input type="text"/>  |
| NID/Passport No. | <input type="text"/>  |
| Date             | <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/> |

\_\_\_\_\_  
Company's Stamp (If applicable)

**Please submit completed forms to:**

RHB Bank (Cambodia) Plc.  
Level 2, OHK Tower, Corner Street 110 & Street 93, Phnom Penh, Cambodia  
Email: [reflex.khsupport@rhbgroup.com](mailto:reflex.khsupport@rhbgroup.com)

This request will be processed within **7 business days** upon receiving the complete set of documents.

**5. Bank use - Processing checklist (attending Staff or RM to fill)**

Cost Center

Branch Code

Remarks/Sales or Campaign Code (if applicable)

**Completed RHB Reflex Application Form**

- ☐ RHB Reflex Board Resolution (Corporate)/Letter of Authorization (Individual)
- ☐ RHB Reflex Letter of Offer (accepted and signed by customer)
- ☐ Certified true copy of National ID / Passport of named RHB Reflex Authorizer(s) in this application
- ☐ Certified true copy of documentary proof of residential address of named RHB Reflex Authorizer(s) in this application (must be dated within 3 months) - For hard token only
- ☐ Name screening of Reflex Authorizer(s) - (must be dated within 1 month)

**If company's subsidiary account(s) are to be tagged to the company (main applicant), please provide:**

- ☐ Subsidiary board resolution
- ☐ Director listing / Memorandum and articles of association

**Attended by**

Signature

Staff/RM:

Staff ID:

Date:

**6. Bank use – For Onboarding Team**

Application ID

Remarks

**Processed by**

Signature

Staff:

Staff ID:

Designation:

Date:

**Verified by**

Signature

Staff:

Staff ID:

Designation:

Date:

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