Maybank2E-RC

Universal Payment File Format - MY

TABLE OF CONTENT

GENERAL INFORMATION

- The Payment file can be in the following text format:-

  - **Pipe-delimited**

- Blank field(s) must be indicated by :-

  - Pipe (|) for Pipe-delimited files or

- Payment/payee Advice needs to be in a separate file. Please refer to Payment Advice File Format.

- For fixed length format, all fields are left justified.

- A sample of a basic file structure is as follows:-

  ```
  00|Header
  01|Record #1
  01|Record #2
  99|Trailer
  ```

- For comma-delimited file, if "," is available as part of the value, the whole filed must be opened and closed with inverted comma ("xx,xx")

- Character supported:

  0 1 2 3 4 5 6 7 8 9
  A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
  a b c d e f g h i j k l m n o p q r s t u v w x y z
  space ! " # $ % & ' ( ) * + , - . / { | } ~ : ; < = > ? @ [\ ] ^ _ `

- Sample pipe-delimited file content is as follows:-

```
00|RCMS|||||||||||||||||||||||||||
01|IT|Domestic Payment (MY)||12122012|||DOMPYMT111212A|DREF12212|Payment on first|||||||||||||||||||||||||||||||||||||
01|IG|Domestic Payment (MY)||12122012|||DOMPYMT111212B|DREF12213|Payment on second||||||||||||||||||||||||||||||||||||
99|2|30.00||||||||||||||||||||||||
```

PAYMENT FILE FORMAT

HEADER

No	Length	Type	Mandatory /Optional/ Conditional	Description	Remarks
1	2	N	M	Record Type	Default value for message header: '00'
2	30	AN	M	Corporate ID	Corporate ID will be given by bank in which user use it to login.
3	30	AN	M	Client Batch ID	Client batch reference number identified by you. It has to be unique for your own reference.
4-28	100	AN	O	Filler 1 - 25	Default to blank Please refer to General Information bullet 2 for clarification
29	500	AN	O	File Return Status	Default to blank. Return status "Completed" will be populated by Bank.

RECORD

No	Length	Type	Mandatory /Optional/ Conditional	Description	Remarks
1	2	N	M	Record Type	Default value for detail record: '01'
2	2	AN	M	Payment Mode	Refer to Table 1 in Appendix
3	50	AN	M	Provider Product Group Name	Refer to Table 2 in Appendix
4	2	AN	C	Destination Country	Mandatory for Cross Border Payment Mode: IO, IP, TT, DD, RP. Refer to Table 5 in Appendix.
5	8	N	M	Value Date	DDMMYYYY Current or Maximum of 90 days future date
6	8	N	C	Cheque Date	DDMMYYYY Current or Maximum of 14 days future date Mandatory for Payment Mode: CC, MC
7	50	AN	O	By Order Of	To be specified by client. If field is left blank, value will be defaulted to client's name as registered in the system.
8	30	AN	M	Customer Reference Number	To be specified by client for own reference The value must be unique for each record in one file The value in this field will be used to match against Payment Advice File (Record field no 3)

Maybank

RECORD					
No	Length	Type	Mandatory /Optional/ Conditional	Description	Remarks
9	55	AN	O	Debit Reference	To be specified by client own reference. The value will be reflected in Bank Statement – Reference field (limited to 14 characters) If left blank, it will default to RCMS reference number without provider code e.g. ~~MY~~IT150211043320
10	55	AN	O	Debit Description	To be specified by client for own reference If left blank, it will default to bank product name and beneficiary name (1D1C) or Client Batch ID (1DMC). The value will be reflected in Bank Statement – Description field (limited to 39 characters)
11	3	AN	M	Transaction Currency	Field value should be as per International Currency Code format e.g GBP, USD etc. For local payment, please default it to local currency.
12	9(13)v9(2)	N	M	Transaction Amount	For Delimited format, e.g 18888.30
13	1	A	C	In Debit Account Currency	Mandatory for Payment Mode: IA, IT, IO, IP, IE, IG, IM, TT, DD. Y - Amount in Debit Account Currency N - Amount in Transaction Currency
14	3	AN	M	Debiting Currency	Field value should be as per International Currency Code format e.g GBP, USD etc. For local payment, please default it to local currency.
15	20	N	M	Debiting Account Number	Client's debit account number.
16	35	N	C	Credit Account Number	Beneficiary's Account Number. Mandatory for Payment Mode IA, IT, IO, IP, TT, IE, IG, IM For payment mode TT: Those countries account number with IBAN format, please provide IBAN number.
17	15	AN	O	Favorite Beneficiary / Biller Code	Applicable for payment mode: IT, IP, IE, IG, IM, TT, DD, MC, CC, TP, RP
18	10	AN	C	Biller Organization	Mandatory for payment mode: TP

RECORD					
No	**Length**	**Type**	**Mandatory /Optional/ Conditional**	**Description**	**Remarks**
19	1	A	M	Resident Indicator (Beneficiary)	Mandatory for Provider = MY 'Y' - Resident 'N' - Non-Resident
20	40	AN	M	Beneficiary Name 1	Mandatory for Payment Mode IT, IP, IE, IG, IM, TT, DD, CC, MC If length is more than 40 characters, to be continued in Field 21 & 22
21	40	AN	O	Beneficiary Name 2	Leave it blank
22	40	AN	O	Beneficiary Name 3	Leave it blank
23	14	N	C	Beneficiary Contact Number	Mandatory for Payment Mode: TT
24	20	AN	O	Beneficiary ID	Applicable to MC,CC Only
25	20	AN	O	New ID No	Applicable for payment mode: IT, IP, IE, IG, IM, TT. Mandatory for ID Validation
26	20	AN	O	Old ID No	Applicable for payment mode: IT, IP, IE, IG, IM, TT. Mandatory for ID Validation
27	20	AN	O	Business Registration No	Applicable for payment mode: IT, IP, IE, IG, IM, TT. Mandatory for ID Validation
28	20	AN	O	Police/ Army ID/ Passport No	Applicable for payment mode: IT, IP, IE, IG, IM, TT. Mandatory for ID Validation
29	30	AN	O	Bene Address 1	Can be blank if Beneficiary Code provided.
30	30	AN	O	Bene Address 2	Can be blank if Beneficiary Code provided.
31	30	AN	O	Bene Address 3	Can be blank if Beneficiary Code provided.
32	10	AN	C	Bene Country	Mandatory for payment mode: CC, MC, DD, TT. Can be blank if Beneficiary Code is provided. Country code as per Country Maintenance (5, in Appendix)
33	10	AN	C	Bene State/Province	Mandatory for payment mode: CC, MC, DD, TT. For payment mode MC/CC: Bene State Code as per Table 6 in Appendix. For payment mode TT: Please default it to code 99 except the payment destination country is Singapore then default it to blank.

No	Length	Type	Mandatory /Optional/ Conditional	Description	Remarks
					Can be blank if Beneficiary Code in field 17 is populated. State/Province Code as per State/Province Maintenance
34	10	AN	C	Bene Prefecture	Mandatory for payment mode: DD, TT. For payment mode TT: Please default it to blank except for countries i.e. Australia (AU), Canada(CA), China(CN) & India(IN) please default it to code 99. Can be blank if Beneficiary Code in field 17 is populated. Only applicable for country with prefecture. Prefecture Code as per Prefecture Code Maintenance.
35	10	AN	C	Bene City	Mandatory for payment mode: CC, MC, DD, TT. For payment mode MC/CC: Bene State Code as per Table 6 in Appendix. Please leave it blank if code 99 provided at field 35. For payment mode TT: Please default it to code 99 except the payment destination country is Singapore and HongKong default it to blank. Can be blank if Beneficiary Code in field 17 is populated. City Code as per City Maintenance
36	10	AN	C	Bene ZIP/Postal Code	Mandatory for payment mode: CC, MC, DD, TT. Can be blank if Beneficiary Code in field 17 is populated.
37	11	AN	C	Bene Bank Code	Bank Code values as per SWIFT BIC or Interbank Code Maintenance. For payment mode TT: Please default it to blank if the payment destination country is Canada and India. For Payment mode IA, IT: Leave it blank
38	5	N	O	Bene Bank Branch	Default to blank.
39	20	AN	C	Bene Bank Name	Applicable only for payment mode: TT Note: Mandatory if the payment destination country is Canada and India.
40	35	AN	C	Bene Bank Address 1	Applicable only for payment mode: TT Note: Mandatory if the payment destination country is Canada and India.
41	35	AN	C	Bene Bank Address 2	Applicable only for payment mode: TT
42	35	AN	C	Bene Bank Address 3	Applicable only for payment mode: TT
43	34	AN	C	Other Codes	Mandatory for payment mode: TT. Mandatory for destination country Australia (AU), Canada(CA), China(CN), India(IN), Europe

	RECORD				
No	**Length**	**Type**	**Mandatory /Optional/ Conditional**	**Description**	**Remarks**
					countries & United States only.
44	33	AN	C	Other Codes Value	Mandatory for payment mode: TT.
					Mandatory for destination country Australia (AU), Canada(CA), China(CN), India(IN), Europe countries & United States only.
45	35	AN	O	Intermediary Bank Account No.	Applicable only for payment mode: TT
46	11	AN	O	Intermediary Bank Code	Applicable only for payment mode: TT Bank Code values as per SWIFT BIC Maintenance.
47	20	AN	O	Intermediary Bank Name	Applicable only for payment mode: TT
48	35	AN	O	Intermediary Bank Address 1	Applicable only for payment mode: TT
49	35	AN	O	Intermediary Bank Address 2	Applicable only for payment mode: TT
50	35	AN	O	Intermediary Bank Address 3	Applicable only for payment mode: TT
51	10	AN	O	Intermediary Bank Other Codes	Applicable only for TT. Other Code as per Table 4 in Appendix.
52	33	AN	O	Intermediary Bank Other Codes Value	Applicable only for payment mode: TT
53	2	N	C	Delivery Method / Collection Method	Applicable and mandatory only for payment mode: MC, CC. Please refer Table 3 in Appendix for details of Delivery Mode
54	5	N	O	Branch	Leave it blank
55	80	AN	C	Collector Name/ Company Name	Leave it blank
					Please refer to General Information bullet 2 for clarification
56	20	AN	C	Collector ID	Leave it blank
					Please refer to General Information bullet 2 for clarification
57	80	AN	C	Attention	Applicable only for payment mode: MC, CC. Mandatory for all delivery mode code **except** '03'. (refer to Table 3 in Appendix)
58	40	AN	C	Delivery Address 1	Applicable only for payment mode: MC, CC. Mandatory for all delivery mode code **except** '03'. (refer to Table 3 in Appendix)
59	40	AN	C	Delivery Address 2	Applicable only for payment mode: MC, CC. Mandatory for all delivery mode code **except** '03'. (refer to Table 3 in Appendix)

				RECORD	
No	Length	Type	Mandatory /Optional/ Conditional	Description	Remarks
60	40	AN	C	Delivery Address 3	Applicable only for payment mode: MC, CC. Mandatory for all delivery mode code **except** '03'. (refer to Table 3 in Appendix)
61	10	AN	C	Delivery Country	Applicable only for payment mode: MC, CC. Mandatory for all delivery mode code **except** '03.Country code as per Country Maintenance
62	10	AN	C	Delivery State/Province	Applicable only for payment mode: MC, CC. Mandatory for all delivery mode code **except** '03.Bene State/Province Code as per Table 6 in Appendix.
63	10	AN	O	Delivery Prefecture	Applicable only for payment mode: MC, CC.
64	10	AN	C	Delivery City	Applicable only for payment mode: MC, CC. Mandatory for all delivery mode code **except** '03.Bene State Code as per Table 6 in Appendix. Please leave it blank if code "99"-Others provided at field 64.
65	10	AN	C	Delivery Zip/Postal Code	Applicable only for payment mode: MC, CC. Mandatory for all delivery mode code **except** '03'.
66	1	AN	C	FX Mode	Applicable for TT,DD 'B' - Board Rate 'C' - Contract Rate
FX Detail - Fields 67 to 70 (1 set) to be repeated 7 times/sets					
67	10	N	C	Contract Number	If field 66/FX Mode is "C" then it's a mandatory field.
68	9(15)v(7)	N	C	Rate	If field 66/FX Mode is "C" then it's a mandatory field.
69	35	AN	C	Dealer Name	If field 66/FX Mode is "C" then it's a mandatory field.
70	9(15)v9(2)	N	C	Amount to Utilize	If field 66/FX Mode is "C" then it's a mandatory field.
Bill Payment Reference (Fields below will repeat 7 times)					
95 - 101	30	AN	C	Reference 1-7	Applicable for TP
Other Details					
102	55	AN	O	Credit Reference/ Client Reference	To be specified by client for beneficiary's reference The value will be reflected in MBB Bank Statement – Reference field (limited to 14 characters)

RECORD					
No	**Length**	**Type**	**Mandatory /Optional/ Conditional**	**Description**	**Remarks**
					If left blank, it will default to RCMS reference number without provider code e.g. ~~MY~~IT150211043320
103	55	AN	O	Credit Description/ Payment Reference	To be specified by client for beneficiary's reference. The value will be reflected at beneficiary bank statement. It will default to client Credit Description (1-20) follow by Account Name(21-40) If left blank, it will default to Bank Product Name (1 – 20) follow by Account Name (21 – 40)
104	35	AN	O	Payment Details 1	Leave it blank
105	35	AN	O	Payment Details 2	Leave it blank
106	35	AN	O	Payment Details 3	Leave it blank
107	35	AN	O	Payment Details 4	Leave it blank
108	35	AN	O	Payment Details 5	Leave it blank
109	35	AN	O	Instruction to Bank	Leave it blank
110	2	AN	M	Charges Borne By	For Payment mode IA '00' – Waived For Payment mode TT '01' - Applicant '02' – Beneficiary – currently not supported '03' - Shared For Payment mode IE, IG, IM, DD, CC, MC '01' - Applicant '02' - Beneficiary '03' – Shared – currently not supported
111	5	AN	C	Purpose of Transfer	Mandatory and applicable to provider MY only, if the beneficiary (field 19) and/or the applicant is non-resident.
112-144	100	AN	O	Filler 1-33	Leave it blank Please refer to General Information bullet 2 for clarification
145	100	AN	O	Beneficiary State/ Province Text Box	For payment mode CC, MC: Mandatory if field 33 is filled with "99" – Others. For payment mode TT: Please default it to blank if the payment destination country is Singapore.
146	100	AN	O	Beneficiary Prefecture Text Box	For payment mode CC, MC: Mandatory if field 34 is filled with "99 – Others". For payment mode TT: Please default it to blank

RECORD

No	Length	Type	Mandatory /Optional/ Conditional	Description	Remarks
					except for countries i.e. Australia (AU), Canada(CA), China(CN) & India(IN).
147	100	AN	O	Beneficiary City/ District Text Box	For payment mode CC, MC: Mandatory if field 35 is filled with "99 – Others". For payment mode TT: Please default it to blank if the payment destination country is Singapore and HongKong.
148 - 336	100	AN	O	Filler 37 - 225	Leave it blank Please refer to General Information bullet 2 for clarification
337	500	AN	O	Transaction Return Status	Default to blank. Return status populated by Bank. IT, IP, IE, IG, IM, TT, DD, TP, RP Status[Successful] Processing date[DDMMYYYY] Status [Bank Rejected] Reason[xxxxxx] Rejected code[xxxxxxxx] Processing date[DDMMYYYY] MC, CC Status[Successful] Cheque number[xxxxxx] Processing date[DDMMYYYY] Status[Bank Rejected] Reason[xxxxxxx] Rejected code[xxxxxxxx] Processing date[DDMMYYYY] **X denote value

PAYMENT/ PAYEE ADVICE

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'02' - Advice Body
2	2	N	M	Advice Type	SA-Structured Advice (for cheque) US-Unstructured Advice (for cheque) PA - Payment Advice (non-cheque)
3	30	AN	O	Customer Reference Number	To be specified by client for own reference. Value must be matched against the value created in the Payment File – Customer Reference Number
4	80	AN	O	Email	Applicable for 'PA' Exclude this field for payment mode : MC,CC.
5	16	N	O	Fax	Applicable for 'PA' Exclude this field for payment mode : MC,CC.
6	16	N	O	SMS	Applicable for 'PA' Exclude this field for payment mode : MC,CC.

PAYMENT/ PAYEE ADVICE

No	Length	Type	Mandatory /Optional	Description	Remarks
7	30000	AN	O	Advice Detail	Applicable for 'PA' and 'US' If 'PA', the max length is 400.
8	50	AN	O	Reference Field 1	Applicable for 'SA'
9	50	AN	O	Reference Field 2	Applicable for 'SA'
10	50	AN	O	Reference Field 3	Applicable for 'SA'
11	50	AN	O	Reference Field 4	Applicable for 'SA'
12	50	AN	O	Reference Field 5	Applicable for 'SA'
13	50	AN	O	Reference Field 6	Applicable for 'SA'
14	9(13)v9(2)	N	M	Payment Advice Amount	Applicable for 'PA' Payment advice amount, e.g 18,888.30 = 1888830
15	100	AN	O	Reference Field 7	Applicable for 'SA'
16	100	AN	O	Reference Field 8	Applicable for 'SA'
17	100	AN	O	Reference Field 9	Applicable for 'SA'
18	100	AN	O	Reference Field 10	Applicable for 'SA'
19	100	AN	O	Format Indicator	Filler 5
20	500	AN	O	Record Return Status	Leave as Blank. Return status populated by CMS.

FOOTER

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	Default value to '99' (Message Footer)
2	6	N	M	Total Count	Total number of transaction/record in the batch
3	9(13)v9(2)	N	M	Total Debiting Amount	For Delimited format, e.g 18888.30 For Fixed length format, e.g 000000001888830
4	15	N	C	Hashing Value	It is use as an added security to avoid the file being tampered by unauthorized person before being uploaded into M2e. Please refer to the bank to get the calculation formula.
5 - 29	100	AN	O	Filler 1 - 25	Leave it blank Please refer to General Information bullet 2 for clarification

PAYMENT/PAYEE ADVICE FILE FORMAT

HEADER

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'00' - Message Header
2	30	AN	M	Corporate ID	CMS Corporate ID provided by MBB
3-7	100	AN	O	Filler 1-5	Leave it blank Please refer to General Information bullet 2 for clarification

RECORD

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'01' - Body
2	2	N	M	Advice Type	SA-Structured Advice (for cheque) US-Unstructured Advice (for cheque) PA - Payment Advice (non-cheque)
3	30	AN	M	Customer Reference Number	To be specified by client for own reference. Value must be matched against the value created in the Payment File – Customer Reference Number
4	80	AN	O	Email	Applicable for 'PA'
5	16	N	O	Fax	Applicable for 'PA'
6	16	N	O	SMS	Applicable for 'PA'
7	30000	AN	O	Advice Detail	Applicable for 'PA' and 'US' If 'PA', the max length is 400.
8	50	AN	O	Reference Field 1	Applicable for 'SA'
9	50	AN	O	Reference Field 2	Applicable for 'SA'
10	50	AN	O	Reference Field 3	Applicable for 'SA'
11	50	AN	O	Reference Field 4	Applicable for 'SA'
12	50	AN	O	Reference Field 5	Applicable for 'SA'
13	50	AN	O	Reference Field 6	Applicable for 'SA'
14	9(13)v9(2)	N	M/O	Payment Advice Amount	Applicable for 'PA' Payment advice amount, For Delimited format, e.g 18888.30 For Fixed length format, e.g 000000001888830
15	100	AN	O	Reference Field 7	Applicable for 'SA'
16	100	AN	O	Reference Field 8	Applicable for 'SA'
17	100	AN	O	Reference Field 9	Applicable for 'SA'

RECORD

No	Length	Type	Mandatory /Optional	Description	Remarks
18	100	AN	O	Reference Field 10	Applicable for 'SA'
19	100	AN	O	Format Indicator	Filler 5
20	500	AN	O	Record Return Status	Leave as blank. Return status populated by CMS

FOOTER

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'99' is Message Footer
2	6	N	M	Total Count	Total number of transaction/record in the batch
3	15	N	M/O	Hashing Value	Mandatory if Hashing Required = 'Y' else will be blank
4-8	100	AN	O	Filler 1-5	Leave it blank Please refer to General Information bullet 2 for clarification

CHEQUE ADVICE FILE FORMAT

HEADER

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'00' - Message Header
2	30	AN	M	Corporate ID	CMS Corporate ID provided by MBB
3-7	100	AN	O	Filler 1-5	Leave it blank Please refer to General Information bullet 2 for clarification

RECORD

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'01' - Body
2	2	N	M	Advice Type	SA-Structured Advice (for cheque) US-Unstructured Advice (for cheque) PA - Payment Advice (non-cheque)
3	30	AN	M	Customer Reference Number	To be specified by client for own reference. Value must be matched against the value created in the Payment File – Customer Reference Number
4	30000	AN	O	Advice Detail	Applicable for 'PA' and 'US' If 'PA', the max length is 400.
5	50	AN	O	Reference Field 1	Applicable for 'SA'
6	50	AN	O	Reference Field 2	Applicable for 'SA'
7	50	AN	O	Reference Field 3	Applicable for 'SA'
8	50	AN	O	Reference Field 4	Applicable for 'SA'
9	50	AN	O	Reference Field 5	Applicable for 'SA'
10	50	AN	O	Reference Field 6	Applicable for 'SA'
11	9(13)v9(2)	N	M/O	Payment Advice Amount	Applicable for 'PA' Payment advice amount, For Delimited format, e.g 18888.30 For Fixed length format, e.g 000000001888830
12	100	AN	O	Reference Field 7	Applicable for 'SA'
13	100	AN	O	Reference Field 8	Applicable for 'SA'
14	100	AN	O	Reference Field 9	Applicable for 'SA'
15	100	AN	O	Reference Field 10	Applicable for 'SA'
16	100	AN	O	Format Indicator	Filler 5
17	500	AN	O	Record Return Status	Leave as blank. Return status populated by CMS

FOOTER					
No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'99' is Message Footer
2	6	N	M	Total Count	Total number of transaction/record in the batch
3	15	N	M/O	Hashing Value	Mandatory if Hashing Required = 'Y' else will be blank
4-8	100	AN	O	Filler 1-5	Leave it blank Please refer to General Information bullet 2 for clarification

BENEFICIARY FILE FORMAT

HEADER					
No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'00' - Message Header
2	30	AN	M	Corporate ID	CMS Corporate ID provided by MBB
3 - 22	100	AN	O	Filler 1 - 20	Leave it blank Please refer to General Information bullet 2 for clarification
23	500	AN	O	File Return Status	Leave as blank. Return status populated by Bank.

RECORD					
No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'01' - Body
2	6	AN	M	Beneficiary/Staff/Remitter Code	Mandatory code for customer reference.
3	40	AN	M	Beneficiary/Staff/Remitter Name 1	Mandatory for Payment Mode IT, IP, IE, IG, IM, TT, DD, CC, MC If length is more than 40 characters, to be continued in Field 4 & 5
4	40	AN	O	Beneficiary/Staff/Remitter Name 2	Leave it blank
5	40	AN	O	Beneficiary/Staff/Remitter Name 3	Leave it blank
6	1	AN	M	Deactivated	If 'Y' beneficiary information will be updated but client will not be able to use the template for payment initiation. Manual activation via system will be required. If 'N', client will be able to use the beneficiary template with immediate effect.
7	15	AN	O	New ID No	Leave it blank
8	8	AN	O	Old ID No	Leave it blank
9	20	AN	O	Business Reg. No.	Leave it blank
10	20	AN	O	Police/ Army ID/ Passport No.	Leave it blank
11	80	AN	O	Email Address	Leave it blank
12	16	AN	O	Contact Number	Leave it blank

	RECORD				
No	**Length**	**Type**	**Mandatory /Optional**	**Description**	**Remarks**
13	35	AN	O	Mailing Address 1	Leave it blank
14	35	AN	O	Mailing Address 2	Leave it blank
15	35	AN	O	Mailing Address 3	Leave it blank
16	10	AN	O	Country	Country code as per Country Maintenance
17	10	AN	O	State/Province	State/Province Code as per State/Province Maintenance
18	10	AN	O	Prefecture	Only applicable for country with prefecture. Prefecture Code as per Prefecture Code Maintenance.
19	10	AN	O	City	City Code as per City Maintenance
20	10	AN	O	Zip/Postal Code	Leave it blank
21	1	A	M	Resident Indicator	Y' - Resident 'N' - Non Resident
22	20	AN	O	Income Tax No	Originally Income Tax No (MY Only)
23	20	AN	O	Employee Provident Fund No	Originally Employee Provident Fund No (MY Only)
24	20	AN	O	SOCSO No	Originally SOCSO No (MY Only)
25	20	AN	O	Zakat No	Originally ZAKAT No (MY Only)
26	10	AN	O	Resident Country	User should enter country code according to Country Maintenance.
27	2	AN	O	Remitter and Beneficiary Relationship	Indicator: 01 – Remitter is identical with beneficiary 02 – Remitter is not identical with beneficiary
28	1	AN	O	Citizenship Indicator	Indicator: Y – Citizen N – Non citizen
29	10	AN	O	Citizenship Country	User should enter country code according to Country Maintenance.
30	100	AN	O	State/ Province Text Box	Leave it blank
31	100	AN	O	Prefecture Text Box	Leave it blank
32	100	AN	O	City/ District Text Box	Leave it blank
33	9(13)v9(2)	N	O	Employee Wages	EPF: (Mandatory) Employee Gross Wages

RECORD					
No	Length	Type	Mandatory /Optional	Description	Remarks
					If empty - Employee Gross Wages is mandatory If invalid - Employee Gross Wages is invalid
34	1	AN	O	Wife Code	IRB: (Mandatory) Wife Code If empty - Wife Code is mandatory If invalid - Wife Code is invalid
35	20	AN	O	Employee Staff Number	EPF & IRB: (Mandatory) Employee Staff Number in Employer If empty - Employee Staff Number is mandatory
36	8	AN	O	Employment Date	SOCSO: (Optional) In DDMMYYYY format Employment start or end date If invalid - Employment Date is invalid
37	1	N	O	Employment Status B (New) H (Resigned) M (Deceased) S (Medical)	SOCSO: (Optional) Employment Status If invalid - Employment Status is invalid
38-45	100	AN	O	Filler 13-20	Leave it blank Please refer to General Information bullet 2 for clarification
Account Information (Fields 46 TO 68 will repeat 20 times)					
46	2	AN	O	Provider	Provider
47	35	AN	O	Account Number	Beneficiary's Account Number.
48	11	AN	O	Bank SWIFT Code	Bank Code values as per SWIFT Maintenance.
49	11	AN	O	Interbank Code	Bank Code values as per Interbank Code Maintenance.
50	5	AN	O	Interbank Branch Code	Interbank Branch Code as per Interbank code maintenance
51	35	AN	O	SWIFT Bank Name	Bank Name for SWIFT
52	30	AN	O	SWIFT Bank Address 1	Bank Address line 1 for SWIFT
53	30	AN	O	SWIFT Bank Address 2	Bank Address line 2 for SWIFT
54	30	AN	O	SWIFT Bank Address 3	Bank Address line 3 for SWIFT
55	35	AN	O	Interbank Bank Name	Bank Name for Interbank
56	30	AN	O	Interbank Bank Address 1	Bank Address line 1 for Interbank
57	30	AN	O	Interbank Bank	Bank Address line 2 for Interbank

RECORD

No	Length	Type	Mandatory /Optional	Description	Remarks
				Address 2	
58	30	AN	O	Interbank Bank Address 3	Bank Address line 3 for Interbank
59	40	AN	O	Name 1	Account Name line 1. In the event Name line 1, 2, 3 are empty, system will obtain Beneficiary Name from 'Beneficiary/ Staff/ Remitter Name 1, 2, 3' fields above.
60	40	AN	O	Name 2	Account Name line 2. In the event Name line 1, 2, 3 are empty, system will obtain Beneficiary Name from 'Beneficiary/ Staff/ Remitter Name 1, 2, 3' fields above.
61	40	AN	O	Name 3	Account Name line 3. In the event Name line 1, 2, 3 are empty, system will obtain Beneficiary Name from 'Beneficiary/ Staff/ Remitter Name 1, 2, 3' fields above.
62-480	100	AN	O	Filler 4-419	Leave it blank Please refer to General Information bullet 2 for clarification
481	500	AN	O	Record Return Status	Leave as blank. Return status populated by Bank.

FOOTER

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	'99' is Message Footer
2	6	N	M	Total Count	Total number of transaction/record in the batch
3	15	N	C	Hashing Value	Mandatory if Hashing Required = 'Y' else will be blank. Refer to hashing formula in Appendix. – currently not supported
4	100	AN	O	Filler 1	Leave it blank Please refer to General Information bullet 2 for clarification
5 - 23	100	AN	O	Filler 2 - 20	Leave it blank Please refer to General Information bullet 2 for clarification

STATUTORY BODY FILE FORMAT

HEADER					
No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	Default to '00' - Message Header
2	50	AN	M	Product Group	Provider Product Group Name "Statutory Body"
3	2	N	M	Statutory body type	To indicate statutory body type: 1 - SOCSO 2 - IRB (Sabah) 3 - IRB (Sarawak) 4 - IRB (Semenanjung) 5 - EPF 6 - ZAKAT (KL) 7 - ZAKAT (NS) 8 - ZAKAT (SL)
4	2	N	M	Registration / Payment Indicator	Indicate the purpose of submission file: 01 - Registration of Employer to EPF/SOCSO/ZAKAT 02 - Submission of Employee/Employer contribution
5	13	AN	M	Employer Reference No.	**IRB: (12)** IRB Employer (HQ) E No. registered in IRB (It shall contains 'IT Group', i.e. C 12345678-09 (0), user shall enter C12345678090) **EPF: (9)** Employer EPF Number **SOCSO: (12)** Employer SOCSO Number **ZAKAT: (10)** Zakat Employer Reference No.
6	50	AN	M	Employer Name	Employer Name
7	6	N	M	Contribution Month and Year	In MMYYYY format
8	20	AN	M	Debiting Account Number	The company debiting account number for the transaction. This field is not applicable, can leave empty for Zakat Registration.
9	8	N	M	Value date	Value date In DDMMYYYY format
10	1	N	C	Tax Payment Option	**IRB: Mandatory** 1 - Corporate Tax

HEADER					
No	**Length**	**Type**	**Mandatory /Optional**	**Description**	**Remarks**
					2 - Employee Tax **EPF, SOCSO, ZAKAT: Not Applicable**
11	1	X	C	Payment Option	**EPF: Mandatory** "A" - Normal Payment "L" - Late Charges "D" - Dividend loss **SOCSO, IRB & ZAKAT: Not Applicable**
12	2	N	C	Company State Code	**EPF: Mandatory** 01 – Johor 02 – Kedah 03 – Kelantan 04 – Melaka 05 – N.Sembilan 06 – Pahang 07 – P.Pinang 08 – Perak 09 – Perlis 10 – Selangor 11 – Terengganu 12 – Sabah 13 – Sarawak 14 – W.Persekutuan 15 – W.P Labuan 16 - W.P Putrajaya **SOCSO, IRB & ZAKAT: Not Applicable**
13	55	AN	O	Debit Reference	Reference Number identified by you. This value will appear in your account statement for your reconciliation.
14	55	AN	O	Debit Description	Reference Number identified by you. This value will appear in your account statement for your reconciliation.
15	55	AN	O	Credit Reference	Default to blank
16	55	AN	O	Credit Description	Default to blank
17	40	AN	C	Contact Person Name	**EPF: Mandatory** Contact Person Name **IRB, SOCSO & ZAKAT: Not Applicable**
18	20	AN	C	Contact Phone Number	**EPF: Mandatory** Contact Phone Number **IRB, SOCSO & ZAKAT: Not Applicable**
19	5	N	C	Penalty sequence number	**EPF: Optional** Penalty sequence number

HEADER

No	Length	Type	Mandatory /Optional	Description	Remarks
					IRB, SOCSO & ZAKAT: Not Applicable
20	19	N	C	Form F reference no.	**EPF: Optional** Form F reference no. **IRB, SOCSO & ZAKAT: Not Applicable**
21	10	AN	M	Client Batch ID	Client batch reference number identified by you. It has to be unique for your own reference.
22	30	AN	M	Corporate ID	Corporate code will be given by bank in which user use it to login.
23-41	100	AN	O	Filler 2	Filler 2-20
42	500	AN	O	File Return Status	Leave as blank. Return status populated by Bank.

RECORD

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	Default to '01' - Body
2	30	AN	O	Customer Reference Number	Customer transaction reference number
3	3	N	C	Payment Code	IRB: Mandatory Payment Code SOCSO, EPF& ZAKAT: **Not Applicable**
4	5	AN	O	Favourite Employee Code	Favourite Employee
5	80	AN	M	Employee Name	Employee Name
6	1	AN	C	Malaysian	EPF & IRB: Mandatory Malaysian - Y Non-Malaysian - N SOCSO & ZAKAT: **Not Applicable**
7	2	AN	C	Country Code	EPF & IRB: Conditional If field Malaysian indicate N, Country Code is required. SOCSO & ZAKAT: **Not Applicable**
8	19	AN	C	Employee Reference Number	EPF: (Mandatory) Employee EPF Number IRB: (Mandatory)

RECORD					
No	Length	Type	Mandatory /Optional	Description	Remarks
					Employee Tax Reference No. (It shall contain 'IT Group', i.e. E 88888888-09 (0), user shall input E88888888090) If empty - Employee Tax Reference No. is mandatory SOCSO & ZAKAT: **Not Applicable**
9	15	AN	C	New ID No.	Mandatory if Old IC No and Passport No is empty.
10	15	AN	C	Old ID No.	Mandatory if New IC No and Passport No is empty.
11	15	AN	C	Passport No.	Mandatory if New IC No and Old IC No is empty. ZAKAT: **Not Applicable**
12	9(13)v9(2)	N	M	Employee Amount or, PCB Amount or Tax Amount (in MYR)	EPF: Employee Contribution Amount The cent portion should always be "00" or payment file will reject by system. SOCSO: Employee Amount IRB: PCB Amount ZAKAT: Employee Amount For Delimited format, e.g 18888.30 For Fixed length format, e.g 000000001888830
13	9(13)v9(2)	N	C	Employer Amount or, CP38 Amount (in MYR)	EPF: (Mandatory) Employer Contribution Amount The cent portion should always be "00" or payment file will reject by system. SOCSO: (Mandatory/Optional) Employer Amount IRB: (Mandatory/Optional) CP38 Amount ZAKAT: **Not Applicable** For Delimited format, e.g 18888.30 For Fixed length format, e.g 000000001888830

Maybank

RECORD					
No	Length	Type	Mandatory /Optional	Description	Remarks
14	1	AN	C	Wife Code	IRB: Mandatory Wife Code is provided by LHDN. SOCSO, EPF & ZAKAT: **Not Applicable**
15	20	AN	C	Employee Staff Number	EPF & IRB: (Mandatory) Employee Staff Number in Employer SOCSO & ZAKAT: **Not Applicable**
16	9(13)v0(2)	N	C	Employee Wages	EPF: (Mandatory) Employee Gross Wages The cent portion should always be "00" or payment file will reject by system. SOCSO, IRB & ZAKAT: **Not Applicable** For Delimited format, e.g 18888.30 For Fixed length format, e.g 000000001888830
17	20	AN	C	Employee's identifying initials	EPF: (Mandatory) You may include the key reference / staff number of the staff for EPF record if there"s any discrepancies. IRB, SOCSO & ZAKAT: **Not Applicable**
18	8	N	C	Employment Date	SOCSO: (Optional) In DDMMYYYY format - Employment Status equal to "B" than employment start date. - Employment Status equal to "H" than resign date. - Employment Status equal to "M" than date of deceased. - Employment Status equal to "S" than start date of Sick Leave. - Employment Status equal to "T" than start date of Unpaid leave. EPF, IRB & ZAKAT: **Not Applicable**
19	1	X	O	Employment Status	SOCSO: (Optional) Employment Status "B" – New Staff "H" – Staff Resign "M" – Staff Deceased "S" – Sick Leave (within SOCSO coverage period) "T" – Unpaid Leave

RECORD					
No	**Length**	**Type**	**Mandatory /Optional**	**Description**	**Remarks**
					Empty space - Active current employee
					Please confirm the code above.
					EPF, IRB & ZAKAT: **Not Applicable**
20	9	N	C	No. of Installation	IRB: Mandatory for Tax Payment Option 1- IRB Corp Tax only
					Number of Installation
					EPF, IRB & ZAKAT: **Not Applicable**
21	1	N	C	ZAKAT Classification	ZAKAT: Mandatory
					Zakat classification:
					1 - Zakat Pendapatan
					2 - Zakat Harta
					IRB, EPF & SOCSO: **Not Applicable**
22	100	AN	C	Address 1	ZAKAT: Mandatory for registration
					Employer Address 1
					IRB, EPF, SOCSO: **Not Applicable**
23	100	AN	C	Address 2	ZAKAT: Mandatory for registration
					Employer Address 2
					IRB, EPF, SOCSO: **Not Applicable**
24	100	AN	C	Address 3	ZAKAT: Mandatory for registration
					Employer Address 3
					IRB, EPF, SOCSO: **Not Applicable**
25	100	AN	O	Address 4	ZAKAT: Optional
					Employer Address 4
					IRB, EPF, SOCSO: **Not Applicable**
26	100	AN	O	Address 5	ZAKAT: Optional
					Employer Address 5
					IRB, EPF, SOCSO: **Not Applicable**
27	20	AN	C	Postcode	ZAKAT: Mandatory for registration
					Postcode
					IRB, EPF, SOCSO: **Not Applicable**
28	15	N	C	Fax Number	ZAKAT: Mandatory for registration
					Fax Number
					IRB, EPF, SOCSO: **Not Applicable**

RECORD					
No	Length	Type	Mandatory /Optional	Description	Remarks
29	40	AN	C	Contact Person 1	ZAKAT: Mandatory for registration Contact Person 1 IRB, EPF, SOCSO: **Not Applicable**
30	15	N	C	Phone 1	ZAKAT: Mandatory for registration Phone 1 IRB, EPF, SOCSO: **Not Applicable**
31	15	N	O	Hand Phone 1	ZAKAT: (Optional) Hand Phone 1 IRB, EPF, SOCSO: **Not Applicable**
32	50	AN	O	Email 1	ZAKAT: (Optional) Email 1 IRB, EPF, SOCSO: **Not Applicable**
33	40	AN	O	Contact Person 2	ZAKAT: (Optional) Contact Person 2 IRB, EPF, SOCSO: **Not Applicable**
34	15	N	O	Phone 2	ZAKAT: (Optional) Phone 2 IRB, EPF, SOCSO: **Not Applicable**
35	15	N	O	Hand Phone 2	ZAKAT: (Optional) Hand Phone 2 IRB, EPF, SOCSO: **Not Applicable**
36	50	AN	O	Email 2	ZAKAT: (Optional) Email 2 IRB, EPF, SOCSO: **Not Applicable**
37-136	100	AN	O	Filler 1	Filler 1 – 100 default to blank Please refer to General Information bullet 2 for clarification

FOOTER

No	Length	Type	Mandatory /Optional	Description	Remarks
1	2	N	M	Record Type	Default to '99' is Message Footer
2	9(13)v9(2)	N	C	Total Employee Contribution Amount or, Total PCB Amount (in MYR)	Sum of all Employee Contribution/PCB Amount, EPF : The cent portion should always be "00" or payment file will reject by system. For Delimited format, e.g 18888.30 This field is not applicable, can leave empty for Zakat Registration. For others, required to input "0" if value of total is null
3	9(13)v9(2)	N	C	Total Employer Contribution Amount or, Total CP38 Amount (in MYR)	Sum of all Employer Contribution /CP38 Amount, EPF : The cent portion should always be "00" or payment file will reject by system. For Delimited format, e.g 18888.30 This field is not applicable, can leave empty for Zakat Registration. For others, required to input "0" if value of total is null
4	9(7)v9(0)	N	C	Total Record of PCB Amount	Sum of record that contains Employee PCB Amount This field is not applicable, can leave empty for Zakat Registration. For others, required to input "0" if value of total is null
5	9(7)v9(0)	N	C	Total Record of CP38 Amount	Sum of record that contains Employer CP38 Amount This field is not applicable, can leave empty for Zakat Registration. For others, required to input "0" if value of total is null
6	9(7)v9(0)	N	M	Total Count	Total number of transaction/record in the batch Kindly default to "1" for Zakat Registration and if IRB Tax Payment Option field is 1.
7	9(13)v9(2)	N	M	Total Amount (in MYR)	Sum of "Total Employee/PCB Amount" and "Total Employer/CP38 Amount" or Sum of Total Amount. For Delimited format, e.g 18888.30 Zakat: **Not Applicable**
8	15	N	O	Hashing Value	It is use as an added security to avoid the file

FOOTER					
No	**Length**	**Type**	**Mandatory /Optional**	**Description**	**Remarks**
					being tampered by unauthorized person before being uploaded into M2E. Please refer to the bank to get the calculation formula.
9-28	100	AN	O	Filler 1	Filler 1-20 default to blank. Please refer to General Information bullet 2 for clarification

APPENDIX

TABLE 1: PAYMENT MODE

No	Payment Code	Description
1	IA	Book Transfer Own Account
2	IT	Book Transfer Third Party
3	IG	Outward ACH
4	IM	Outward RTGS
5	CC	Corporate Cheque
6	MC	Manager's Cheque
7	TT	International Telegraphic Transfer
8	TP	Bill Payment Third Party

TABLE 2: PROVIDER PRODUCT GROUP NAME

No	Provider Product Group Name	Payment Mode	Provider (MY/SG/PH)
1	Bill Payment (SG)	TP	SG
2	Bill Payment (MY)	TP	MY
3	Book Transfer Own Account	IA	MY/PH
4	Book Transfer Own Account (SG)	IA	SG
5	Cashier's Order	CO	MY
6	Corporate Cheque Postpaid	CC	SG
7	Corporate Cheque (Postpaid)	CC	MY
8	Corporate Cheque Issuance (SG)	CC	SG
9	Corporate Cheque Prepaid	CC	SG
10	Corporate Cheque(Prepaid) (MY)	CC	MY
11	Domestic Payment	IT, IG, IM, IR	PH
12	Domestic Payment (SG)	IT, IG, IM, IE	SG
13	Domestic Payments (MY)	IT, CO, IG, IM	MY
14	International Payment	TT, DD	PH
15	International Payment (SG)	TT, DD	SG
16	International Payments (MY)	TT, DD	MY
17	Intra bank Payment (SG)	IA, IT, IG	SG
19	Management Payroll	IT, IG, IM, IR	PH
20	Management Payroll	IA, IT, IG, IM	MY
21	Management Payroll (SG)	IA, IT, IG	SG
22	Manager's Cheque	MC	SG/MY
23	Manager's Cheque Issuance	MC	SG
24	Outward Telegraphic Transfer (SG)	TT	SG
25	Vendor Payment (SG)	IT, IG	SG
26	Payment to Vendor	IA, IT, IG, IM	MY
27	Bill Payment Regional Link (SG)	RP	SG
28	Regional Link Transfer (SG)	IO, IP	SG
29	Staff Payroll (SG)	IA, IT, IG	SG
30	Staff Payroll	IA, IT, IG, IM	MY
31	Staff Payroll	IT, IG, IM, IR	PH
32	Statutory Body	Statutory Body	MY

TABLE 3: DELIVERY MODE

No	Delivery Mode Code	Description
1	**01**	Mail to Applicant
2	**02**	Mail to Beneficiary
3	**03**	Collect from Bank – currently not supported
4	**04**	Courier to Applicant
5	**05**	Courier to Beneficiary
* Options need to validate against product setup		

TABLE 4: OTHER CODE

No	Delivery Mode Code	Description	Length (Characters)
1	**AU**	Bank State Branch - Australia Bank	6
2	**CA**	Canadian Clearing Code	9
3	**CC**	Canadian Clearing Code	9
4	**CN**	China National Advanced Payment System	1 - 34
5	**FW**	Fedwire	9
6	**IFSC**	Indian Financial Services Code	11
7	**SC**	Sortcode	6

TABLE 5: COUNTRY CODE

No	Description	Code	No	Description	Code
A					
1	AFGHANISTAN	AF	9	ANTIGUA AND BARBUDA	AG
2	ALBANIA	AL	10	ARGENTINA	AR
3	ALGERIA	DZ	11	ARMENIA	AM
4	AMERICAN SAMOA	AS	12	ARUBA	AW
5	ANDORRA	AD	13	AUSTRALIA	AU
6	ANGOLA	AO	14	AUSTRIA	AT
7	ANGUILLA	AI	15	AZERBAIJAN	AZ
8	ANTARCTICA	AQ			
B					
16	BAHAMAS	BS	26	BOLIVIA	BO
17	BAHRAIN	BH	27	BOSNIA AND HERZEGOVINA	BA
18	BANGLADESH	BD	28	BOTSWANA	BW
19	BARBADOS	BB	29	BOUVET ISLAND	BV
20	BELARUS	BY	30	BRAZIL	BR
21	BELGIUM	BE	31	BRITISH INDIAN OCEAN TERRITORY	IO
22	BELIZE	BZ	32	BRUNEI DARUSSALAM	BN
23	BENIN	BJ	33	BULGARIA	BG
24	BERMUDA	BM	34	BURKINA FASO	BF
25	BHUTAN	BT	35	BURUNDI	BI
C					
36	CAMBODIA	KH	47	COLOMBIA	CO
37	CAMEROON	CM	48	COMOROS	KM
38	CANADA	CA	49	CONGO	CG
39	CAPE VERDE	CV	50	CONGO, THE DEMOCRATIC REPUBLIC OF THE	CD
40	CAYMAN ISLANDS	KY	51	COOK ISLANDS	CK
41	CENTRAL AFRICAN REPUBLIC	CF	52	COSTA RICA	CR
42	CHAD	TD	53	COTE D'IVOIRE	CI
43	CHILE	CL	54	CROATIA	HR
44	CHINA	CN	55	CUBA	CU
45	CHRISTMAS ISLAND	CX	56	CYPRUS	CY
46	COCOS (KEELING) ISLANDS	CC	57	CZECH REPUBLIC	CZ
D					
58	DENMARK	DK	60	DOMINICA	DM
59	DJIBOUTI	DJ	61	DOMINICAN REPUBLIC	DO
E					
62	ECUADOR	EC	66	ERITREA	ER
63	EGYPT	EG	67	ESTONIA	EE
64	EL SALVADOR	SV	68	ETHIOPIA	ET
65	EQUATORIAL GUINEA	GQ			
F					
69	FALKLAND ISLANDS (MALVINAS)	FK	73	FRANCE	FR
70	FAROE ISLANDS	FO	74	FRENCH GUIANA	GF

No	Description	Code	No	Description	Code
71	FIJI	FJ	75	FRENCH POLYNESIA	PF
72	FINLAND	FI	76	FRENCH SOUTHERN TERRITORIES	TF
G					
77	GABON	GA	85	GRENADA	GD
78	GAMBIA	GM	86	GUADELOUPE	GP
79	GEORGIA	GE	87	GUAM	GU
80	GERMANY	DE	88	GUATEMALA	GT
81	GHANA	GH	89	GUINEA	GN
82	GIBRALTAR	GI	90	GUINEA-BISSAU	GW
83	GREECE	GR	91	GUYANA	GY
84	GREENLAND	GL			
H					
92	HAITI	HT	96	HONG KONG	HK
93	HEARD ISLAND AND MCDONALD ISLANDS	HM	97	HUNGARY	HU
94	HOLY SEE (VATICAN CITY STATE)	VA	98	ICELAND	IS
95	HONDURAS	HN			
I					
99	INDIA	IN	103	IRELAND	IE
100	INDONESIA	ID	104	ISRAEL	IL
101	IRAN, ISLAMIC REPUBLIC OF	IR	105	ITALY	IT
102	IRAQ	IQ			
J					
106	JAMAICA	JM	108	JORDAN	JO
107	JAPAN	JP			
K					
109	KAZAKHSTAN	KZ	113	KOREA, REPUBLIC OF	KR
110	KENYA	KE	114	KUWAIT	KW
111	KIRIBATI	KI	115	KYRGYZSTAN	KG
112	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	KP			
L					
116	LAO PEOPLE'S DEMOCRATIC REPUBLIC	LA	121	LIBYAN ARAB JAMAHIRIYA	LY
117	LATVIA	LV	122	LIECHTENSTEIN	LI
118	LEBANON	LB	123	LITHUANIA	LT
119	LESOTHO	LS	124	LUXEMBOURG	LU
120	LIBERIA	LR			
M					
125	MACAO	MO	136	MAURITIUS	MU
126	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	MK	137	MAYOTTE	YT
127	MADAGASCAR	MG	138	MEXICO	MX
128	MALAWI	MW	139	MICRONESIA, FEDERATED STATES OF	FM
129	MALAYSIA	MY	140	MOLDOVA, REPUBLIC OF	MD
130	MALDIVES	MV	141	MONACO	MC
131	MALI	ML	142	MONGOLIA	MN

No	Description	Code	No	Description	Code
132	MALTA	MT	143	MONTSERRAT	MS
133	MARSHALL ISLANDS	MH	144	MOROCCO	MA
134	MARTINIQUE	MQ	145	MOZAMBIQUE	MZ
135	MAURITANIA	MR	146	MYANMAR	MM
N					
147	NAMIBIA	NA	154	NICARAGUA	NI
148	NAURU	NR	155	NIGER	NE
149	NEPAL	NP	156	NIGERIA	NG
150	NETHERLANDS	NL	157	NIUE	NU
151	NETHERLANDS ANTILLES	AN	158	NORFOLK ISLAND	NF
152	NEW CALEDONIA	NC	159	NORTHERN MARIANA ISLANDS	MP
153	NEW ZEALAND	NZ	160	NORWAY	NO
O					
161	OMAN	OM			
P					
162	PAKISTAN	PK	168	PERU	PE
163	PALAU	PW	169	PHILIPPINES	PH
164	PALESTINIAN TERRITORY, OCCUPIED	PS	170	PITCAIRN	PN
165	PANAMA	PA	171	POLAND	PL
166	PAPUA NEW GUINEA	PG	172	PORTUGAL	PT
167	PARAGUAY	PY	173	PUERTO RICO	PR
Q					
174	QATAR	QA			
R					
175	REUNION	RE	177	RUSSIAN FEDERATION	RU
176	ROMANIA	RO	178	RWANDA	RW
S					
179	SAINT HELENA	SH	193	SLOVENIA	SI
180	SAINT KITTS AND NEVIS	KN	194	SOLOMON ISLANDS	SB
181	SAINT LUCIA	LC	195	SOMALIA	SO
182	SAINT PIERRE AND MIQUELON	PM	196	SOUTH AFRICA	ZA
183	SAINT VINCENT AND THE GRENADINES	VC	197	SOUTH GEORGIA & THE SOUTH SANDWICH ISLANDS	GS
184	SAMOA	WS	198	SPAIN	ES
185	SAN MARINO	SM	199	SRI LANKA	LK
186	SAO TOME AND PRINCIPE	ST	200	SUDAN	SD
187	SAUDI ARABIA	SA	201	SURINAME	SR
188	SENEGAL	SN	202	SVALBARD AND JAN MAYEN	SJ
189	SEYCHELLES	SC	203	SWAZILAND	SZ
190	SIERRA LEONE	SL	204	SWEDEN	SE
191	SINGAPORE	SG	205	SWITZERLAND	CH
192	SLOVAKIA	SK	206	SYRIAN ARAB REPUBLIC	SY
T					
207	TAIWAN, PROVINCE OF CHINA	TW	214	TONGA	TO

No	Description	Code	No	Description	Code
208	TAJIKISTAN	TJ	215	TRINIDAD AND TOBAGO	TT
209	TANZANIA, UNITED REPUBLIC OF	TZ	216	TUNISIA	TN
210	THAILAND	TH	217	TURKEY	TR
211	TIMOR-LESTE	TL	218	TURKMENISTAN	TM
212	TOGO	TG	219	TURKS AND CAICOS ISLANDS	TC
213	TOKELAU	TK	220	TUVALU	TV
U					
221	UGANDA	UG	225	UNITED STATES	US
222	UKRAINE	UA	226	UNITED STATES MINOR OUTLYING ISLANDS	UM
223	UNITED ARAB EMIRATES	AE	227	URUGUAY	UY
224	UNITED KINGDOM	GB	228	UZBEKISTAN	UZ
V					
229	VANUATU	VU	232	VIRGIN ISLANDS, BRITISH	VG
230	VENEZUELA	VE	233	VIRGIN ISLANDS, U.S.	VI
231	VIET NAM	VN	234	WALLIS AND FUTUNA	WF
W					
235	WESTERN SAHARA	EH			
Y					
236	YEMEN	YE	237	YUGOSLAVIA	YU
Z					
238	ZAMBIA	ZM	239	ZIMBABWE	ZW

Maybank

TABLE 6: STATE CODE

State code	State
MY01	Johor
MY02	Kedah
MY03	Kelantan
MY04	Melacca
MY05	Negeri Sembilan
MY06	Pahang
MY07	Penang
MY08	Perak
MY09	Perlis
MY10	Sabah
MY11	Sarawak
MY12	Selangor
MY13	Terengganu
MY14	Wilayah Persekutuan
MY15	Labuan
99	Others

TABLE 7: CITY CODE

City code	City	City code	City	City code	City	City code	City
MY01	Batu Pahat	MY19	Bukit Mertajam	MY37	Sandakan	MY55	Subang Jaya
MY02	Johor Bahru	MY20	Butterworth	MY38	Tawau	MY56	Sepang
MY03	Kluang	MY21	George Town	MY39	Bintulu	MY57	Kemamam
MY04	Kota Tinggi	MY22	Nibong Tebal	MY40	Kuching	MY58	Kuala Terengganu
MY05	Kulaijaya	MY23	Sungai Jawi	MY41	Miri	MY59	Kuala Lumpur
MY06	Muar	MY24	Bayan Lepas	MY42	Sibu	MY60	Victoria
MY07	Segamat	MY25	Tanjung Malim	MY43	Salayang	MY61	Bandar Baru Bangi
MY08	Alor Setar	MY26	Tapah	MY44	Rawang	MY62	Lumut
MY09	Sungai Petani	MY27	Teluk Intan	MY45	Kajang	MY63	Labuan F.T
MY10	Jitra	MY28	Parit Buntar	MY46	Cheras	99	Others
MY11	Kulim	MY29	Ipoh	MY47	Rawang		
MY12	Kota Bahru	MY30	Batu Gajah	MY48	Hulu Selangor		
MY13	Pasir Mas	MY31	Taiping	MY49	Klang		
MY14	Alor Gajah	MY32	Sitiawan	MY50	Port Klang		
MY15	Malacca Town	MY33	Kangar	MY51	Kuala Langat		
MY16	Seremban	MY34	Keningau	MY52	Kuala Selangor		
MY17	Kuantan	MY35	Kota Kinabalu	MY53	Shah Alam		
MY18	Temerloh	MY36	Lahad Datu	MY54	Petaling Jaya		

Table 8: LIST OF PAYMENT CODE

Item	Kod Bayaran (Payment Code)	Descriptions	Allow "No. of Installation" entry?
1	086	Bayaran Ansuran Cukai – Syarikat	Yes
2	088	Pendahuluan / Ansuran Cukai Komposit	Yes
3	090	Bayaran Cukai Keuntungan Harta Tanah	Yes
4	092	Bayaran PCB	NA
5	095	Bayaran Cukai Pendapatan (tidak termasuk skim ansuran)	Yes
6	150	Bayaran Kenaikan Seksyen 103A / 103	NA
7	151	Bayaran Seksyen 108	NA
8	152	Bayaran Kenaikan Seksyen 108	NA
9	153	Bayaran Kenaikan Komposit	NA
10	154	Bayaran Kenaikan Seksyen 107C(9) / 107B(3)	NA
11	155	Bayaran Kenaikan Seksyen 107C(10) / 107B(4)	NA
12	156	Bayaran Kos Mahkamah	NA
13	157	Bayaran Faedah Atas Hutang Hukuman	NA
14	158	Bayaran Ansuran Dibenarkan oleh Audit	Yes
15	159	Bayaran Ansuran Dibenarkan oleh Unit Pemungutan	Yes
16	160	Bayaran Ansuran Dibenarkan oleh Unit Guaman Sivil	Yes
17	173	Bayaran Kos Guaman	NA
18	178	Bayaran Seksyen 108 (Sek 25)	NA
19	181	Bayaran Kenaikan Seksyen 25	NA
20	250	Bayaran Kenaikan CKHT Oleh Pelupus	NA
21	286	Bayaran Kenaikan CKHT Oleh Pemeroleh	NA

Legend

NA = Not Applicable	F = Kelab / Persatuan	TR = Amanah Pelaburan Hartanah
Yes= Mandatory Field	D = Perkongsian	
SG = Individu (Penggajian)	J = Hindu Joint Family	
OG = Individu (Perniagaan)	TA = Badan Amanah	
C = Syarikat	TP = Harta Pesaka	
CS = Koperasi	TC = Unit Amana	