

**Corporate Electronic Banking**  
Amendment Form

Please fill in the details in CAPITAL LETTERS. Countersign all modifications/alterations if any. Complete all sections in this form unless otherwise stated.

**Section 1 : ACCOUNT HOLDER DETAILS**

CIF Number: 

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Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No./s: \_\_\_\_\_ Fax No. : \_\_\_\_\_

Company Email : \_\_\_\_\_

Corporate ID: 

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**Section 2 : MODIFICATION DETAILS (Please select the modification appropriately)**

A.  **Company Details Modification**

New Telephone Number/s :

New Email Address:

B.  **User Details Modification**

User ID 

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

New ID Number: \_\_\_\_\_ Type: \_\_\_\_\_ ID Expiry Date: DD/MM/YYYY

New Mobile Phone: \_\_\_\_\_  New Office Phone : \_\_\_\_\_

New Email Address: \_\_\_\_\_

C.  **Company Access Termination (Please select only one option below)**

We hereby request to terminate our Corporate Electronic Banking facility and agree to immediately return the Security Tokens bearing the below serial numbers to CBI.

- 1. .... 2. ....
- 3. .... 4. ....
- 5. .... 6. ....

We hereby request you to terminate our Corporate Electronic Banking facility and authorize CBI to debit our Account No. \_\_\_\_\_ for the charges determined by CBI if are unable to return the Security Tokens.

C.  **User Access Termination (Please select only one option below)**

We hereby request to terminate the following User/s under our Company using the CBI Corporate Electronic Banking and agree to immediately return the Security Tokens used by them.

1. User ID 

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User Name : \_\_\_\_\_

2. User ID 

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User Name : \_\_\_\_\_

We hereby request you to terminate our Corporate Electronic Banking facility and authorize CBI to debit our Account No. \_\_\_\_\_ for the charges determined by CBI if are unable to return the Security Tokens.

1. User ID 

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User Name : \_\_\_\_\_

2. User ID 

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User Name : \_\_\_\_\_

E.  Linking / De-linking of Accounts

Please Link the following accounts and provide the User Access as follows.

S.No	Account Number	Type (CASA/FD/Loan)	Transaction Facility	Availability
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3

Please Link the following accounts and provide the User Access as follows.

S.No	Account Number	Type (CASA/FD/ Loan)	Transaction Facility	Availability
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3

F.  Modifying the Transaction Limits

Please modify the Transaction Limits assign to the Company As follows.

### Section 3 : INDEMNITY

We, a company registered under the Federal Laws of United Arab Emirates (herein after referred to as 'the Company') request you to allow the Company to avail CBT's Corporate Electronic Banking Services for the Account(s) opened with CBI. We hereby confirm that we have read understood and accepted CBT's General Terms & Conditions for Corporate Electronic Banking Services ('Terms') and undertake to abide by the same.

- We hereby declare that all information furnished in connection with this form is true, correct and not misleading. We undertake to send written notice to CBI in case there is any change in the information provided herein.
- We hereby authorize the above mentioned employees to avail the Services for and on behalf of the Company and agree, ratify and undertake to adhere to all actions and transactions carried out by the above mentioned employees.
- We undertake to hold CBI harmless and keep CBI indemnified from and against all charges, losses, costs, expenses, liabilities or damages which may result by acting on the basis of this form.
- We understand, agree and undertake that:
  - (a) Users will be responsible for the authenticity, integrity and safety of the data.
  - (b) Users will be responsible for backing up their data regularly as Bank will bear no responsibility for safety of data in case of its loss.
  - (c) Users will abstain from loading illegal material or data on the server.
  - (d) CBI will bear no responsibility for legality or authenticity of the data residing on the server or an illegal act performed by the Users nominated above by the Company.
- We confirm that We have read, understood and agreed that the statements /advices/data received through the server are for information purposes and are sent as per Bank records as of date and that the official statements/advices relied on by the Bank are the original statement/advice which is sent by mail to the customer's registered address with CBI. Furthermore, we acknowledge that the statements/advices are sent by CBI at our request and we understand that the use of this Service is at our sole risk and we take full responsibility for using the Services.

- We hereby certify that the information provided in this application form is true and correct. We will send CBI a written notice of any change as and when it occurs to keep the bank records current and updated.
- We acknowledge that CBI may, at anytime, suspend, terminate or revoke the Service at its sole discretion by giving us a written notice.
- We acknowledge that CBI may, at any time, amend the Terms and schedule of charges by giving us a written notice.

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Authorized Signature

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Authorized Signature

Name:

Name:

Please affix the Company  
Rubber Stamp here.

Designation:

Designation:

Date :

Date :

### Section 3 : INDEMNITY

Enclosed - Trade License Copy (Original Seen and Valid)

Passport Copy, Visa page(s) Emirates ID copy (ies) of the User(s) (Original Seen and Valid)

Company Authorized by:

Name

Signature:

### Section 3 : INDEMNITY

Data Captured by:

Checked by:

Name & Signature:

Name & Signature: