

Corporate Electronic Banking

Customer Setup 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

☐

New

☐

Existing

CIF Number:

Group CIF (If applicable)

Company Name:

Mailing Address:

Telephone No./S:

Fax No. :

Company Email :

Corporate Internet Banking Preferred ID : (Please choose 2 preferred IDs. Confirmed ID will be notified via email to the users.)

1st Choice

2nd Choice

Corporate Maker Self Approval Option Allowed?

☐

No

☐

Yes (If Yes the Maker can perform the Transactions Singly)

Section 2 : PRODUCT / SERVICE SUBSCRIPTION (Please select appropriately)

Subscription Package Name

Package Description

☐

Inquiry Only

Account Summary, Statement Download, Cheque Inquiry, Foreign Exchange rate Inquiry.

☐

Inquiry & Transactions

Funds Transfers within CBI accounts, Local and Cross Border Remittance, Managers Cheque & Demand Draft request, Fixed Deposit Placement, Cheque Book Request, Bulk File Upload (Within CBI and Local Remittance), WPS File Upload, Bill Payments and Trade Finance.

Section 3 : USER DETAILS

User 1:

☐

New

☐

Existing

Preferred User Name

(Alpha numeric ONLY. No special characters are allowed)

(Office use only.)

Assigned Token Serial Number

First Name:

Last Name :

Office Phone:

Mobile Phone :

Email Address :

Date of Birth: DD/MM/YYYY

ID Number:

ID Expiry Date:

DD/MM/YYYY

☐

Initiator

☐

Approver

Transaction Authorization Limit: AED

User 2: ☐ New ☐ Existing

Preferred User Name

(Alpha numeric ONLY. No special characters are allowed)

(Office use only.) Assigned Token Serial Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name: _____ Last Name : _____

Office Phone: _____ Mobile Phone : _____

Email Address : _____

Date of Birth: DD/MM/YYYY ID Number: _____ ID Expiry Date: DD/MM/YYYY

☐ Initiator ☐ Approver Transaction Authorization Limit: AED _____

User 3: ☐ New ☐ Existing

Preferred User Name

(Alpha numeric ONLY. No special characters are allowed)

(Office use only.) Assigned Token Serial Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name: _____ Last Name : _____

Office Phone: _____ Mobile Phone : _____

Email Address : _____

Date of Birth: DD/MM/YYYY ID Number: _____ ID Expiry Date: DD/MM/YYYY

☐ Initiator ☐ Approver Transaction Authorization Limit: AED _____

User 4: ☐ New ☐ Existing

Preferred User Name

(Alpha numeric ONLY. No special characters are allowed)

(Office use only.) Assigned Token Serial Number

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First Name: _____ Last Name : _____

Office Phone: _____ Mobile Phone : _____

Email Address : _____

Date of Birth: DD/MM/YYYY ID Number: _____ ID Expiry Date: DD/MM/YYYY

☐ Initiator ☐ Approver Transaction Authorization Limit: AED _____

Important Information:

- Authorization Limits will be as per the company operating mandate maintained at CBI. Any deviations/changes should be supported by documents to the satisfaction of CBI.
- Please note that CBI reserves the right to modify the Preferred User Name if such name exists already in the CBI system or if it does not match the applicable criteria.

Section 4 : ACCOUNT INFORMATION

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 <input type="checkbox"/> User4
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 <input type="checkbox"/> User4
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 <input type="checkbox"/> User4
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 <input type="checkbox"/> User4
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 <input type="checkbox"/> User4
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
9			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
10			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
11			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
12			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
13			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
14			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4
15			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> All <input type="checkbox"/> User1 <input type="checkbox"/> User2 <input type="checkbox"/> User3 <input type="checkbox"/> User4

Section 5 : TRANSACTION LIMITS

☐ Please assign the Default Transaction Limits. (The default per day and per transaction limits will be applicable for the transactions. Please contact CBI's Customer Service Team for default limits.)

☐ Please customize the Limits as follows.

Section 6 : TRANSACTION AUTHORIZATION MATRIX

Please note that the Transaction Authorization Matrix should be in line with the Mandate.

S. No.	Transaction Authorization Limit	Applicable Accounts	Users	
			No. of Initiators	No. of Approvers

Section 7 : DECLARATION

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 CBI's Corporate Internet Banking Services for the Account(s) opened with CBI. We hereby confirm that we have read understood and accepted CBI'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.

Authorized Signature

Authorized Signature

Name: _____ Name: _____ Please affix the Company Rubber Stamp here.

Designation: _____ Designation: _____

Date : _____ Date : _____

BANK USE ONLY - WBG

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:

BANK USE ONLY – COPS

Data Captured by: _____ Checked by: _____

Name & Signature: _____ Name & Signature: _____