

# 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		Exis	sting	
CIF Number:	(If appl	licable)				
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 confirmed ID will be notified via email to the	o the use	ers.)				
2 <sup>nd</sup> 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  Inquiry Only  Account Summary, Statement Download, Cheque Inquiry, Foreign Exchange rate Inquiry.  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)	Assi	gned To	oken Se	rial Nu	umber	
First Name: Last Name :						
Office Phone: Mobile Phone :						
Email Address :  Dete of Birth, DD/AM/AVAV ID Numbers  ID I			TO IN ARA	M/N/N/N		
Date of Birth: DD/MM/YYYY ID Number: ID F  Initiator Approver Transaction Authorization Limit: AED		Date: L	D/MM,	XXX		





User 2: New Existing	(Office use only.) Assigned Token Serial Number				
Preferred User Name					
(Alpha numeric ONLY. No special characters are allowed)					
First Name: Last Name :	<del></del>				
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					
<u>User 3</u> : New Existing	(Office use only.) Assigned Token Serial Number				
Preferred User Name					
(Alpha numeric ONLY. No special characters are allowed)					
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	(Office use only.) Assigned Token Serial Number				
Preferred User Name					
(Alpha numeric ONLY. No special characters are allowed)					
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:**

<sup>·</sup> 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.

<sup>·</sup> 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			Yes No	All User1 User2 User3 User4	
2			Yes No	All User1 User2 User3 User4	
3			Yes No	All User1 User2 User3 User4	
4			Yes No	All User1 User2 User3 User4	
5			Yes No	All User1 User2 User3 User4	
6			Yes No	All User1 User2 User3 User4	
7			Yes No	All User1 User2 User3 User4	
8			Yes No	All User1 User2 User3 User4	
9			Yes No	All User1 User2 User3 User4	
10			Yes No	All User1 User2 User3 User4	
11			Yes No	All User1 User2 User3 User4	
12			Yes No	All User1 User2 User3 User4	
13			Yes No	All User1 User2 User3 User4	
14			Yes No	All User1 User2 User3 User4	
15			Yes No	All User1 User2 User3 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	



## البنك التجاري الدولي

#### **Section 7 : DECLARATION**

- 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 ackn	lowledge that CBI may, at any time, amend the Terms a	nd schedule of charges by giving us a written notice.					
Authoriz	zed Signature	Authorized Signature					
Name:		me:	Please affix the Company Rubber Stamp here.				
Designation:		gnation:					
Date :	Dat	e :					
BANK USE	BANK USE ONLY - WBG						
Enclosed –	Trade License Copy (Original Seen and Valid)						
Lifelosed		ppy (ies) of the User(s) (Original Seen and Valid)					
Company Author		py (140) of the cost (b) (original seen that rains)					
Name							
Signature:							
DANK IISE	ONLY – COPS						
BANK USE	UNLT - COPS						
Data Captured by	Г.	Checked by:					
Name & Signatur	re:	Name & Signature:					