

Commercial Banking Channel Setup Form

Date: / /

Business Information

New Update

CID:

Mobile Number:

Company Name:

Email Address:

Account Statements

ADCB will send Monthly Electronic Statement of Accounts in consolidated format via email to the email address specified above.

ProCash

Reporting Transaction

Debit Account No.:

User Profile

Sr. No.	User Full Name	Mobile Number	Email Address	Ministry of Labor ID	Credit Facility	Self Service	Role			
							Read Only**	Maker	Checker	Super User
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If you need to input more users' information please contact your Cash Sales or Relationship Manager.
- The Authorization Limit will be as per the company operating mandate maintained at ADCB. Any deviation will have to be supported by a duly signed document.
- Charges apply as per the Schedule of Fees (SOF). Additional charges apply for issuance and delivery of Hard Tokens.

* All account access is required for availing Consolidated Statement Facility

** No charges applicable for transaction access with Soft Token

IVR (Automated Phone Banking)

I/We wish to register for ADCB's Commercial Banking IVR service.

ADCB will send a One Time Password (OTP) on the registered mobile number. Customers need to call 800 SME 800 (800 763 800) using the registered mobile number, use this OTP to complete the IVR registration process and set their Telephone Personal Identification Number (TPIN).

SMS Banking

I/We wish to register for ADCB's SMS Banking service.

I/We understand, agree and undertake that:

- Users will be responsible for the authenticity, integrity and safety of the data.
- 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 and Users will abstain from loading illegal material or data on the server. Bank will bear no responsibility for legality or authenticity of the data residing on the server.

I/ We confirm that, I/ we have read, understood and agreed that the statements/ advices/ data received through the server are for information purposes and are sent as per the 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 the Bank. Furthermore, I/ we acknowledge that the statement/ advices are sent by the Bank at my/ our request and I/ we understand that the use of this service is at my/ our sole risk and I/ we take full responsibility for using this Service. I/ We hereby certify that the information provided in this form is true and correct. I/ We will send the Bank a written notice of any changes as and when they occur to keep the bank records current and updated. I/ We acknowledge that my/ our use of the service(s) indicated above will be governed only by the relevant terms and conditions in the Corporate Internet Banking Services Agreement which this form is part of.

I/We confirm that I/we have printed, read and agreed to the Terms and Conditions found on ADCB online –

www.adcb.com/general/termcondition/TC_Transaction.asp

www.adcb.com/waystobank/estatement/termsconditions.asp

www.adcb.com/waystobank/adcb-mobile/termsconditions.asp

Authorised Signature, Company Stamp

Name and Title:

Date □□ / □□ / □□□□

Authorised Signature, Company Stamp

Name and Title:

Date □□ / □□ / □□□□

For Bank Use Only

I hereby confirm that the PROCASH |  set-up for the above request was completed.

Processed by Signature..... Date □□ / □□ / □□□□

Authorised by Signature..... Date □□ / □□ / □□□□

Relationship Manager:..... Profit Center Code:

Package: Additional Remarks:

Signature: Date: □□ / □□ / □□□□