

Group Accounts Linking Registration Form

Main Company Name: _____

Account number _____ Per Day Limit: _____ Per Transaction Limit _____

Customer Associate Letter of Authority

To: Abu Dhabi Islamic Bank PJSC ("Bank")

The Customer and the Bank have entered into terms and conditions in respect of Cash Management Services dated _____ (the "Cash Management Services Agreement") under which the Customer may use the relevant E-Channels as set out herein or under the Application form, from time to time to access, view and transact on certain bank accounts. We have appointed the Customer as our agent to access and transact on our accounts set out below:

Customer Associate Details

1st Associate Entity Full Name

Account number _____ Per Day Limit: _____ Per Transaction Limit _____

2nd Associate Entity Full Name

Account number _____ Per Day Limit: _____ Per Transaction Limit _____

3rd Associate Entity Full Name

Account number _____ Per Day Limit: _____ Per Transaction Limit _____

iii. User Information *Please list information for each person you wish to nominate as USERS for ADIB DIRECT*

User Information Add user Delete user Amend user

First Name: _____ as per ID document

Last Name: _____ Email Address: _____

Mobile Number: _____ country code + local number User ID: _____

User Profile* Viewer and Maker Bulk Payments Verifier Authorizer Self Authorization Limit (AED) _____
user profile is mandatory & multiple selection is allowed
accounts, payments & service requests only for file uploads accounts, payments & service requests self authorization has to be selected only if the user is the maker and the authorizer

Account Access: All Accounts Selected Accounts Only *(mention account currency below)*

Account Currency: _____

Payment profile All Payment Types OR Selected Payment Types Below
(can select multiple)
 Own Accounts Other Accounts Within ADIB Domestic International Salary Non-WPS
 Salary WPS GPSSA Covered Card Utility Bills Bulk File Upload (single + multiple debits)
 Cheque Book Other Account Services

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Last Name: _____ Email Address: _____

Mobile Number: _____ country code + local number User ID: _____

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Important Notes:

- Soft tokens will be issued for Authorizer only. However, no tokens will be issued for Viewer and Maker.
- Transaction authorizer should be the delegated signatory as per the company mandate. Their role & approval group/workflow will be created as per held company mandate by ADIB.
- For all new user(s) please attach a valid copy of Emirates ID or Passport.

Note: Business Banking default limit is AED 500,000 per transaction and AED 1 Million Per Day.
(Leaving limit fields blank will apply the default limits or, if there are existing limits, they will remain unchanged.)

iv. Special Instructions (If any)

Main Company	
Authorized Person 1	Authorized Person 2
Name _____	Name _____
Title _____	Title _____
Signature & Stamp	Signature & Stamp
Date	Date
1 st Associate Company	
Authorized Person 1	Authorized Person 2
Name _____	Name _____
Title _____	Title _____
Signature & Stamp	Signature & Stamp
Date	Date
2 nd Associate Company	
Authorized Person 1	Authorized Person 2
Name _____	Name _____
Title _____	Title _____
Signature & Stamp	Signature & Stamp
Date	Date
3 rd Associate Company	
Authorized Person 1	Authorized Person 2
Name _____	Name _____
Title _____	Title _____
Signature & Stamp	Signature & Stamp
Date	Date