

ADIB Direct - Direct Debit Registration Form

Customer Full Name _____

Customer Account No. _____

Originator Conformity Checklist <i>(for sponsoring bank)</i>	Remarks
Has the originator read & understood The UAEDDS rules?	Yes/No
Has the originator read & understood Direct Debit Indemnity?	Yes/No
Will the originator indicate to its customers that Direct Debit is also a supported payment option?	Yes/No
Will there be an additional charge if UAE DDS is the selected payment option?	Yes/No
Have the data file formats been provided to the originator?	Yes/No
Will the originator provide the data in the specified format (OR) will the data needs to be transformed into the required format by ADIB?	Yes/No
How many days prior to the due date will the originator provide the data for processing? <i>Mention the no. of working days</i>	
Has the originator been apprised of the accounting entries that will be posted for UAEDDS?	Yes/No
Does the originator have in place a defined dispute resolution process?	Yes/No
Have the charges associated with the UAEDDS agreed with the originator?	Yes/No
Has the bi-lateral agreement between the originator and the bank agreed and signed off by both parties?	Yes/No
Has the originator raised objections to any of the clauses in the Direct Debit Indemnity? <i>Attach formal letter on the list of objections</i>	Yes/No
The Direct Debit ref. numbers are required to be fixed length of 29 alphanumeric characters. The first 23 char will be allocated by the UAE DDS. Will the originator provide a unique reference number of 6 continuous alpha numeric characters? <i>Attach the pattern that will be propagated</i>	Yes/No

Note: Please attach the company signed company mandate containing authorization workflow for Direct Debit Authority and Transaction File uploads for online approval

Direct Debit Charge Account Please specify the account from which you authorize ADIB to debit the charges.

Account Title	Account Number	Currency
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"I/we, hereby declare, having read, understood and agree to be bound by, the Terms and Conditions governing the Cash Management Services (the "Terms and Conditions") between me/us and Abu Dhabi Islamic Bank PJSC (ADIB), and hereby on the date hereof, duly accept such Terms and Conditions, as contained on ADIB Website <https://www.adib.ae/en/SiteAssets/adib-direct-TCs.pdf> and/or appended to the Application Form. The Terms and Conditions are integral and inseparable part of using the Cash Management Services made available by ADIB accordingly, I/We undertake to comply with all my/our obligations therein and with any amendments which may be made therein from time to time and notified by ADIB and published on the above mentioned Website. The use by me/us or any of my/our users of any Cash Management Services after any amendment is made shall establish my/our acceptance thereof

Authorized Person 1		Authorized Person 2	
Name _____		Name _____	
Title _____		Title _____	
Signature _____		Signature _____	
	Date _____		Date _____

For Bank Use Only

Received By	Signature Verification	Document Archival
Receiver Signature & Date	Maker Signature & Date	Archiver Signature & Date
Reviewer Signature & Date	Checker Signature & Date	
Client Segment	RIM/GRIM Number	Originator Identification Code (OIC)

Company Stamp