

# Group Accounts Linking Registration Form

Customer Full Name \_\_\_\_\_

*\* ADIB will only accept signed documentation from the "Customer"*  
*\* Group Accounts Linking Registration form must be signed for each "Customer Associate"*  
*\* Please attach list of accounts if more space is needed. Annexure should be also be signed and stamped.*

## 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

Associate Entity Full Name \_\_\_\_\_

Account Number \_\_\_\_\_

Hereinafter referred to as (the "Customer Associate"). Capitalized terms not defined herein shall have the same meaning as assigned to them under the "Cash Management Services Terms and condition"

Or such other accounts as may be notified to you by the Customer or Customer Associate from time to time (the "Accounts") in accordance with this Customer Associate Letter of Authority.

We hereby authorize the Bank to provide the Customer with access to the Account (s) in accordance with this Customer Associate Letter of Authority:

We confirm the Customer is entitled to view and transact on and use the other services available via the respective E-Channels from time to time in relation to the Accounts. We

confirm the Customer is entitled to agree on our behalf on applicable terms from time to time relating to the access and use of the Accounts;

And we represent and warrant that we have full legal and corporate authority to appoint the Customer for the purposes stated herein.

We shall be bound by all actions of the Customer taken in respect to the Account (s) and shall ratify and confirm all things done by the Customer on our behalf in accordance with the purposes stated herein.

The appointment of the Customer shall remain in full force and effect until the day following seven (7) days after the Bank receives written notice of revocation signed by our authorized signatory (ies) or until termination of the appointment of the Customer by operation of law.

We have taken all necessary actions to authorize the entering into of this Customer Associate Letter of Authority, the person(s) who sign below have been duly authorized to sign this Customer Associate Letter of Authority, which, along with such authorizations, are in accordance with the applicable constitutional documents of the Customer Associate.

This Customer Associate Letter of Authority is governed by and will be construed in accordance with the Federal Laws of the United Arab Emirates to the extent that such laws do not contravene the principles of Shari'a as determined by the Internal Shari'a Supervisory Committee of the Bank. Both parties irrevocably submit to the exclusive jurisdiction of the courts of Abu Dhabi in respect of any proceedings which may be initiated in connection with this Customer Associate Letter of Authority.

| Customer Authorized Person 1           |                         | Customer Authorized Person 2           |                         |
|--|-------------------------|--|-------------------------|
| Name _____                             | Name _____              | Name _____                             | Name _____              |
| Title _____                            | Title _____             | Title _____                            | Title _____             |
| Signature & Stamp _____                | Signature & Stamp _____ | Signature & Stamp _____                | Signature & Stamp _____ |
| Date _____                             | Date _____              | Date _____                             | Date _____              |
| Customer Associate Authorized Person 1 |                         | Customer Associate Authorized Person 2 |                         |
| Name _____                             | Name _____              | Name _____                             | Name _____              |
| Title _____                            | Title _____             | Title _____                            | Title _____             |
| Signature & Stamp _____                | Signature & Stamp _____ | Signature & Stamp _____                | Signature & Stamp _____ |
| Date _____                             | Date _____              | 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          |                           |

