

## ADIB DIRECT Remote Cheque Scanning Registration

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

No.	Client Premises Scanner Locations (Name/Address)	No. Of Scanners
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

No.	Credit Account Numbers
1	3 _____
2	4 _____

\* Please specify the account from which you authorize ADIB to debit the Fees for the Services.

**User Profile** (please specify the user details for image cheque clearing system.)

Name	Role*	User ID**	Email Address	Contact No.	Action
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* User Role can be MAKER & CHECKER

\*\* Tokens are Mandatory. Same online banking tokens can be used; but user IDs must exactly match the online user IDs.

Minimum cheque amount (per cheque) \_\_\_\_\_ Maximum cheque amount (per cheque) \_\_\_\_\_  
 Maximum number of cheques allowed (per batch) \_\_\_\_\_ Maximum amount of cheques (per batch) \_\_\_\_\_  
 Maximum cheque amount (per day) \_\_\_\_\_

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

Account Title	Account Number	Currency
_____	_____	_____

"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 _____	Name _____	Name _____
Title _____	Title _____	Title _____	Title _____
Signature _____	Signature _____	Signature _____	Signature _____
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	



NOTE: This page may be re-printed in case of more locations, users and accounts