

ADIB Direct WPS Registration Form

Customer Full Name

Company Information	<input type="checkbox"/> New User	<input type="checkbox"/> Amend User
---------------------	-----------------------------------	-------------------------------------

Company Name: _____

MOL Establishment ID: _____ Emirate: _____

Debit Account Number: _____

Contact Person Name: _____

Mobile Number: _____ Email: _____

Company Information	<input type="checkbox"/> New User	<input type="checkbox"/> Amend User
---------------------	-----------------------------------	-------------------------------------

Company Name: _____

MOL Establishment ID: _____ Emirate: _____

Debit Account Number: _____

Contact Person Name: _____

Mobile Number: _____ Email: _____

Company Information	<input type="checkbox"/> New User	<input type="checkbox"/> Amend User
---------------------	-----------------------------------	-------------------------------------

Company Name: _____

MOL Establishment ID: _____ Emirate: _____

Debit Account Number: _____

Contact Person Name: _____

Mobile Number: _____ Email: _____

** Please attach the company board resolution/proof of authority for reference & verification*

WPS Charge Account Please specify the account from which you authorize ADIB to debit the **One-Time setup & Monthly Fees** for the Services.

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 _____
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	

NOTE: This page may be re-printed in case of more accounts

