

ADIB DIRECT Collection Registration Form

Customer Name:

Service Type Cash Cheque
 Service Frequency Daily Weekly Monthly Ad-Hoc

Collection/Pick Up Service (Use "X" for selection)	SUN	MON	TUE	WED	THU	SAT
Cash Pick Up						
Cheque Pick Up						
Preferred Collection Time (AM/PM)						
Maximum Average Value Per Pick Up						
Minimum Average Value Per Pick Up						

Note: Cheque pickup is available for current and post-dated cheques

Contact Person Information

Location Information

Location: _____
 Name & Designation: _____ EID Number: _____
 Telephone/Mobile No. _____ Email: _____

Location Information

Location: _____
 Name & Designation: _____ EID Number: _____
 Telephone/Mobile No. _____ Email: _____

Location Information

Location: _____
 Name & Designation: _____ EID Number: _____
 Telephone/Mobile No. _____ Email: _____

Collection and Charge Accounts

Collect Account: _____ Charge Account: _____

"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 is a supplement to the ADIB Direct Registration form and may be re-printed in case of more Print Locations

ADIB DIRECT Delivery Registration Form

Customer Name: _____

 Service Type **Delivery** Cash Cheque

 Service Frequency Daily Weekly Monthly Ad-Hoc

Delivery Service (Use "X" for selection)

SUN	MON	TUE	WED	THU	SAT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Coin Delivery _____

Cash Delivery _____

Cheque Delivery _____

Preferred Delivery Time (AM/PM) _____

Maximum Average Value Per Delivery _____

Minimum Average Value Per Delivery _____

Contact Person Information
Location Information

Location: _____

Name & Designation: _____ EID Number: _____

Telephone/Mobile No. _____ Email: _____

Location Information

Location: _____

Name & Designation: _____ EID Number: _____

Telephone/Mobile No. _____ Email: _____

Location Information

Location: _____

Name & Designation: _____ EID Number: _____

Telephone/Mobile No. _____ Email: _____

Debit and Charge Accounts

Debit Account: _____ Charge Account: _____

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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	


 Company Stamp

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