ADIB DIRECT Smart Cash Deposit Machine Registration

Customer Full Name: _____

Cash Deposit Machine Service ☐ Cheque   ☐ Cash

1st SCDM Information

SCDM Location _____ Collection a/c Number* _____

Contact Person Name _____

Number _____ Email _____

Total Expected Cash Per Day _____ Pickup Frequency _____ Machine Note Capacity _____

☐ Multi Notes   ☐ Coin Drop   ☐ Cheque Drop   ☐ Deposit Remarks Reported

2nd SCDM Information

SCDM Location _____ Collection a/c Number _____

Contact Person Name _____

Number _____ Email _____

Total Expected Cash Per Day _____ Pickup Frequency _____ Machine Note Capacity _____

☐ Multi Notes   ☐ Coin Drop   ☐ Cheque Drop   ☐ Deposit Remarks Reported

There can be multiple credit accounts and multiple users configured for the same SCDM at any location

Special Instructions (if any)

_____

_____

Charge Account *Please specify the account from which you authorize ADIB to debit the Fee 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 *(Mandatory)*	**Authorized Person**
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 Client	Checker Signature & Date	
Segment	GRIM Number	

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

Company Stamp