

CBD HYBRID SOLUTION

Application Form

Company Name & Postal Address	Contact Person Details
Company Name _____	Name: _____
Location _____	Mobile _____
PO Box : _____ Emirates	Off Ph. _____
	Email _____

Service Package Details:

Service Required (Tick the appropriate service)			
<input type="checkbox"/> Hybrid Service - Payroll		<input type="checkbox"/> Hybrid Service - Remittance	

Company Account Details:

Account Number	Currency	Account Name	Service Type (Remittance/ Payroll)	Add/Remove

User Details:

User Name	Preferred User ID	Token Serial Number	Service Type (Remittance/ Payroll)	Emirates ID No./Passport No.	Add/Remove

We request to set-up 'CBD Payroll/ Remittance Hybrid' service for the user(s) as indicated on this form and according to the instructions set out above. We understand and agree to be bound by the Bank's terms and conditions for the provision of 'CBD Hybrid Service', a copy of CBDiBusiness service was provided with this form. We represent and warrant that the signatory (ies) below is/are duly authorised by us to enter into this agreement on our behalf

<p>X</p> <p>_____</p> <p>Authorised Signature & Company Stamp</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>	<p>X</p> <p>_____</p> <p>Authorised Signature & Company Stamp</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>
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For Bank Use Only

<p>Received by _____</p> <p>Enrolled by _____</p> <p>Signature/ Date _____</p>	<p>Approved by _____</p> <p>Signature/ Date _____</p>
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