

جديد
New تحديث
Update حذف
Delete **Customer Details**

معلومات العميل

اسم الشركة
Company Name _____ص.ب
P.O.Box _____ هاتف
Tel. _____ CR No. _____**Company Contact Details**

معلومات الاتصال بالشركة

وجهة الاتصال الاولى السيد/السيدة
Primary Contact person Mr. / Mrs. / Ms. _____الوظيفة / الصفة
Title / Designation _____ الجوال
Mobile _____ بريد الإلكتروني
Email Address _____وجهة الاتصال الثانية السيد/السيدة
Secondary Contact person Mr. / Mrs. / Ms. _____الوظيفة / الصفة
Title / Designation _____ الجوال
Mobile _____ بريد الإلكتروني
Email Address _____**Account Operating Instruction**

معلومات تشغيل الحساب

Operating instruction _____ تعليمات التشغيل

If the authorized signatory is single, kindly mention in operating instruction field. إذا كان المفوض بالتوقيع منفرد، يرجى ذكر ذلك في خانة تعليمات التشغيل

Single منفردJoint مشترك

Category	الفئة	Amount From	المبلغ من	Amount To	المبلغ إلى

User Setup

معلومات المستخدم

* Kindly indicate the user group in case the user is an authorizer, in case of more users; kindly ask for addendum sheet.

** In case of allowing one particular payment type please mention else, by default all payment types will be allowed

*** In case of choosing Hierarchical option, make sure the authorizers order is mentioned

تسلسل المستخدم User Sr.	User Full Name إسم المستخدم الكامل	** Account Statement	** Account Summary	** Card Statement	** Online Merchant Statement	** Cheque Inquiry	** Payment Inquiry	** Balance Order Inquiry	** Fixed Deposit Inquiry	** Loan Account Inquiry	** Credit Facility View	** Standing Instructions	** Beneficiary Library	** Balance Order inquiry	** Utility Payments	** Tax Payment (GTA)	** Salary Payments	** WPS Payments	** Batch Payments	** Bulk Payments	* Authorizer Group (X) if singly	*** Authorizer order (if hierarchical)
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Actions	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>	Roles	Reviewer <input type="checkbox"/>	Input <input type="checkbox"/>	Verifier <input type="checkbox"/>	Authorizer <input type="checkbox"/>
Account Number			Credit Card Number			Merchant ID		

Group Category	Mobile No.	Email Address
----------------	------------	---------------

2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Actions	Add <input type="checkbox"/>	Modify <input type="checkbox"/>	Delete <input type="checkbox"/>	Roles	Reviewer <input type="checkbox"/>	Input <input type="checkbox"/>	Verifier <input type="checkbox"/>	Authorizer <input type="checkbox"/>
Account Number			Credit Card Number			Merchant ID		

Group Category	Mobile No.	Email Address
----------------	------------	---------------

Users details addendum attached

Service Fees	Monthly Fees	Additional Tokens Fees	Total

The management accepts full responsibility for all actions taken on the Cash Management System accessed through their User ID and Password combination. The authorized users are obligated, by signing

Below, to follow all QNB policies, procedures, standards and practices with regard to Information Security and Customer Confidentiality.

Company Authorised Signatory

Name	Signature	Date <input type="text" value="DDMMYYYY"/>
Name	Signature	Date <input type="text" value="DDMMYYYY"/>

For Bank Use

Company's Signature Verified by
I hereby confirm that the ebusiness set-up for the above request was completed.

Processed by	Signature	Date <input type="text" value="DDMMYYYY"/>
Authorised by	Signature	Date <input type="text" value="DDMMYYYY"/>