

Business Account - PROCASH Setup Form

* = required field

Date*: / /

Business Information

New Update

CID:

Company Name*:

Mobile Number*:

Email Address*:

ProCash

Reporting Transaction Debit Account No*:

Require Extended Training: Yes No Ministry of Labor (MoL) ID***:

User Profile

All accounts under CID Specific account

Sr. No.		Role*			
		Read Only**	Maker	Checker	Super User
1	User Full Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email Address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emirates ID Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emirates ID expiry date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	User Full Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email Address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emirates ID Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emirates ID expiry date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	User Full Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email Address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emirates ID Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emirates ID expiry date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	User Full Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Email Address:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emirates ID Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emirates ID expiry date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If you need to input more users' information please visit your nearest ADCB branch
- The Authorization Limit will be as per the company operating mandate maintained at ADCB. Any deviation will have to be supported by a duly signed document
- Charges apply as per the Schedule of Fees (SOF) published on adcbislamic.com/SOF

*** Ministry of Labor ID is mandatory for Wage Payment System (WPS) access

IVR (Automated Phone Banking)

I/We wish to register for ADCB's Commercial Banking IVR service.

ADCB will send a One Time Password (OTP) on the registered mobile number. Customers need to call 600 57 6363. using the registered mobile number, use this OTP to complete the IVR registration process and set their Telephone Personal Identification Number (TPIN).

SMS Banking

To register for SMS Banking services, please send REG followed by your Account Number to 2626. e.g. REG 123456030001 to 2626.

Declaration

I hereby declare that:

- The information I provide is complete, true and accurate and if it changes, I agree to provide the Bank with updated information within a reasonable time;
- I agree to be bound by the Bank's Islamic Banking Consumer Terms and Conditions which are incorporated by reference and available on www.adcbislamic.com/terms
- I acknowledge that the Bank reserves the right to reject the request made in this form in its absolute discretion and is not required to provide reasons for such rejection.

.....
Authorised Signature*

Name and Title*:

Date* / /

.....
Authorised Signature*

Name and Title*:

Date* / /

For Bank Use Only

I hereby confirm that the PROCASH set-up for the above request was completed.

Processed by Signature Date / /

Authorised by Signature Date / /

I hereby confirm that the form was signed in my presence.

Relationship Manager*: Profit Center Code*:

Package*: Additional Remarks:

Signature*: Date*: / /