

Corporate Online Banking Amendment Form

Corporate Information

Company Name			
Account Number Primary			
Address	Street/Jada	Block	Bldg/House
Tel. Number	Mobile Number		
Fax Number	E-mail Address		

For the purpose of this amendment, the customer submits the required information herein below: **User(s) Pin Mailer(s) Delivery Branch**

USER INFORMATION

Username		Civil ID Number	
----------	--	-----------------	--

Request Type

1- Delete User 2- Unlock/ Re-Activate 3- Reset Password 4- Reset Secret Questions/ Site Key

5- Update User Information:

Mobile		Mobile Company Provider	<input type="checkbox"/> Zain <input type="checkbox"/> ooredoo <input type="checkbox"/> Viva	Email	
--------	--	-------------------------	--	-------	--

6- Update permissions requested to user by company authorized signatory:

- | | |
|---|--|
| <input type="checkbox"/> View Only | <input type="checkbox"/> Local Transfers |
| <input type="checkbox"/> Transfers within own accounts | <input type="checkbox"/> International Transfers |
| <input type="checkbox"/> Transfer to any other account within AUB | <input type="checkbox"/> Bill Payment |
| <input type="checkbox"/> POS Merchant Statement | <input type="checkbox"/> All Services |

All Accounts

Specific Accounts:

7- Update limits "if transfers roles are enabled".

<input type="checkbox"/> Sole Execution of Transactions	<input type="checkbox"/> Initiator	<input type="checkbox"/> Authorizer
Daily Limit: _____ KWD	Daily Limit: _____ KWD	Daily Limit: _____ KWD
Monthly Limit: _____ KWD	Monthly Limit: _____ KWD	Monthly Limit: _____ KWD

*Customer acknowledges the validity and his responsibility for the above mentioned data, including his mandate for both the above mentioned Authorize and/or Initiator "as the case maybe".

Name of the Authorized Signatory on Behalf of the company.

Authorized Signatory

For Bank Use Only

Signature Verfier	Branch Manager / Signature Stamp
Date	Date