

ADIB Direct - Instrument Printing Registration Form

Customer Full Name

Product Name

Customer Cheques

(Client Approver Signatures)

Pay Order/Demand Draft

(Bank Approver Signatures)

Print Location

(Customer Cheque only)

Bank Premises Printing

Client Premises Printing

Client Premises Print Locations

Account Number

Location Code
(any 3 char of your choice)

Action

- Note:**
- All printed cheques will be 'A/C PAYEE only'
 - Company Logo & Approver Signature images are mandatory to be provided by the client.
 - Damaged and revalidation cheques will have a maker/checker process for re-printing
 - Positive Pay is a mandatory service provided with this product where, at the time of clearing, issued cheques will be validated against the positive pay information file uploaded by the customer. This will only be done for cheques cleared via the Image Cheque Clearing System (ICCS) of UAECB

Cheque Layout

With Invoice Details

With Acknowledgement Copy

Special Instructions (if any)

Charge Account Please specify the account from which you authorize ADIB to debit the charges.

Account Title

Account Number

Currency

Note that per cheque charges will be debited from the respective debit account accordingly.

"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 1

Name

Title

Signature

Specimen Signature

Signature should be within the box, not touching the edges

Date

Authorized Person 2

Name

Title

Signature

Specimen Signature

Signature should be within the box, not touching the edges

Date

For Bank Use Only

Received By

Receiver Signature
& Date

Reviewer Signature
& Date

Client Segment

Signature Verification

Maker Signature
& Date

Checker Signature
& Date

RIM/GRIM Number

Document Archival

Archiver Signature
& Date

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