

ahliB2B Application Form

الأهلي B2B
ahliB2B

البنك الأهلي
ahlibank

ahliB2B Application Form

1. APPLICATION DETAILS

Customer Code Insert middle 6 digits from ABO account number			
Customer Name Insert organization legal name			
Customer CR Insert commercial registration number			
Date of Application Insert date corresponding to official request			
Purpose of Application Please select one purpose only	New Registration Please select above for new application ☒	Amendment Please select above for modification ☐	

1.1 CONTACT DETAILS

Contact Person Insert name of contact person		Contact Designation Insert contact title name	
Contact Email Insert contact email address		Contact Mobile Insert contact mobile no.	

2. APPLICATION MODULES

Please tick (✓) on required module

* Account Services page will require to complete

Account Services	Account Summary View multiple types of accounts dashboard and download debit/credit advice			☐	
	Account Statement View and download account statement			☐	
	Statement File Format Please tick (✓) on required file format *pdf is default format	MS Excel (xls) Excel format	☐	MT-940 (txt) SWIFT format (reconciliation)	☐
	Automated Statement Auto generated statement delivery via secured channel			☐	

Please tick (✓) on required module

* Workflow matrix page/s will require to complete

WPS/Ministry Salary	Salary / Payroll (WPS) Salaries, Allowances, Overtime Payment, Bonus and EOSB transfers within ABO and Oman	☐
Fund Transfer	Single Payment Single transfer (internal - within ABO / local - within Oman / international - SWIFT)	☐
	Bulk Payment Bulk transfer (internal - within ABO / local - within Oman / international - SWIFT) via file upload	☐
	SI Management Standing instruction to pay a set amount at regular intervals to beneficiary	☐
	Own Account Transfer Transfer between your own accounts within the bank	☐
	Bill Payment Online bill payment (PASI, electricity, water, telecom, etc.)	☐

Please tick (✓) on required module

* Please add annexure should you require user access configuration **Master Report & Audit Trail will be enabled for authorizer only

Reports	Master Report Administrator report ☐	Generic Report Transaction, process report ☐	Audit Trail Audit log report ☐
----------------	---	---	---

NOTE:

- For new registration – Please submit board resolution signed by all shareholders
- For amendment - Please submit official request signed by the authorised person/s
- Please submit valid National ID copy for Omani and valid passport copy with visa for expat for all users that require access

2.1 HOST-TO-HOST FILE TRANSFER (OPTIONAL)

* According to selection, the below fields will require to request and complete VPN Form

H2H Integration	Host-to-Host Integration (Optional) Connectivity solution gives the flexibility to exchange information in preferred file formats, network protocols and security standards		
Purpose of H2H application Please select one purpose only	☒ New Registration Please select above for new application	☐ Amendment Please select above for modification	☐ Not Required Please select above if H2H is not required
SFTP Hosting Provider Please choose file transfer provider	☒ Corporate SFTP	☐ Ahli Bank SFTP	

Please fill the required fields

* Details will be shared to the corporate subject to VPN network application approval

Ahli Bank (ABO) SFTP Details	SFTP Link	
	Host IP Address	
	Host Link (if any)	
	Port No.	
	User ID	
	Customer E-mail Address for SFTP	
	Password Changeable after successful testing of connectivity or can be communicated through different medium for security purpose	
	Input Directory From where file would be picked (e.g. /home/ABO_ACCOUNT/Outbox/)	
	Archive Directory Where file would be kept after processing (e.g. /home/ABO_ACCOUNT/Archive)	
	Output Directory Where result of processing would be kept (e.g. /home/ABO_ACCOUNT/Inbox)	
	Test Directory This is used only for the purpose of testing	
Test Archive Directory		

Please fill the required fields

* Required details to be filled subject to selection of SFTP Provider: Customer SFTP

Customer SFTP Details (Coming Soon)	SFTP Link	
	Port No.	
	User ID	
	Password Changeable after successful testing of connectivity or can be communicated through different medium for security purpose	
	Input Directory From where file would be picked (e.g. /home/ABO_ACCOUNT/Outbox/)	
	Archive Directory Where file would be kept after processing (e.g. /home/ABO_ACCOUNT/Archive)	
	Output Directory Where result of processing would be kept (e.g. /home/ABO_ACCOUNT/Inbox)	
	Test Directory This is used only for the purpose of testing	

NOTE:

- This is an optional feature only, ahlib2b ui is accessible on public url: <https://b2b.Ahlibank.Om/icashprogui/>
- To connect with customer sftp, abo would require "read" & "write" permissions on these directories for processing
- For obtaining h2h service, customer will require to fill vpn application form
- Please define a separate matrix flow of each module with same template (available as additional workflow if required)

3. ACCOUNT SERVICES

Purpose of Configuration Please select one purpose only	New Registration Please select above for new application	☒	Amendment Please select above for modification	☐
---	--	----------------------------------	--	-----------------------

Please insert ABO account/s details

* Please add annexure should you require more accounts for access

Accounts (Ahli Bank)	Account Currency	Account Number (Insert 13 digits account number)		Account Currency	Account Number (Insert 13 digits account number)	
		1			7	
		2			8	
		3			9	
		4			10	
		5			11	
		6			12	

Please insert user details for account access

* Please add annexure of complete list should you require more users for access **No duplicate entries allowed

Summary & Statement (View and Download)	Name of the User (Insert legal first and last name)		Mobile Number (With country code)	Email Address (Insert user email address)
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			

Please fill the required fields for Automated Statement

* Please add annexure should you require additional accounts statement

Automated Statement	Statement Frequency Please select delivery frequency		Statement Format Please select file format	
	Delivery Channel for Statement Please tick (✓) on required module	SFTP Directory (Only compatible with H2H)	☐	Email Address ☐
	Delivery Email Addresses Insert recipients email addresses * Please use comma "," separator			
	Account Numbers for Statement Generation (Insert below account numbers of ABO "13 digits")			
	1		6	
	2		7	
	3		8	
	4		9	
	5		10	

4. WPS / MINISTRY SALARY

Purpose of Configuration Please select one purpose only	New Registration Please select above for new application	☒	Amendment Please select above for modification	☐
---	--	---	--	-----------------------

Please insert user details for WPS workflow

* Please add annexure of complete user list should you require more users to register ** Role = Maker: Initiator | Checker: Verifier | Authorizer: Approver

[illegible]

Special Instruction: (Optional)

Workflow Matrix for WPS

* Please add Annexure of complete workflow should you require more groups ** No workflow rule is required Self Authorizer

[illegible]

Special Instruction: (Optional)

5. FUND TRANSFER

Purpose of Configuration Please select one purpose only	New Registration Please select above for new application	☒	Amendment Please select above for modification	☐
Payment Modules Please tick (✓) on required module	Single Payment	☐	Bulk Payment	☐
	SI Management	☐	Own Account Transfer	☐
	Bill Payment			☐

Please insert user details for fund transfer

* Please add annexure of complete user list should you require more users to register **Role = Maker: Initiator | Checker: Verifier | Authorizer: Approver

Role	Name of User (Insert legal first and last name)	Limit	User Email Address (Insert individual email address)	Mobile Number (With country code)
Special Instruction: (Optional)				

Workflow Matrix for fund transfer

* Please add annexure of complete workflow should you require more groups ** No workflow rule is required Self Authorizer

Transaction Amount (OMR)		Verification / Authorisation Workflow Rule									
From	To	*e.g. 1x Authoriser from Group A / 2x Authorisers from Group B / 3x Authoriser from Group C ** Please define separate row for Checkers and Authorisers									
					+				+		
					+				+		
					+				+		
					+				+		
					+				+		
					+				+		
					+				+		
Special Instruction: (Optional)											

Name of Authorised Signatories for Clause No.4 (Use comma “,” as separator)	
FOR CUSTOMER	
For Company Name Insert organization legal name	
Company CR Number Insert commercial registration number	
Company Account number (Insert 13 digits account number)	
Authorized Name/s Insert name/s of signatory (physical writing)	
Authorized Signature Please sign on required field (physical signature)	
Designation Insert signatory position (physical writing)	

6. BOARD RESOLUTION

IT WAS UNANIMOUSLY RESOLVED:

- Resolved that the undersigned individuals of the Company be and are hereby authorised to execute agreements or documents for availing ahlibank's "ahliB2B Online Banking Service" or similar electronic banking solutions as provided to the company by Ahlibank SAOG
- Resolved that the authorized signatories of the company (with regard to the company's accounts with Ahlibank) are authorized to receive communications, access information and to transact/approve payments in ahlibank B2B /electronic Banking Platforms in line with the signing mandate for the said accounts.
- Resolved further that this resolution be communicated to ahlibank – Oman and shall remain in full force until further notice is given in writing to Ahlibank SAOG.
- Resolved that undersigned individuals of the Company will be authorized to add/remove or modify any "ahliB2B Online Banking Service" user requirements.

DECLARATIONS

- I/We acknowledge and confirm having read Ahli Bank SAOG's ("Bank") Terms & Conditions pertaining to ahliNET & ahliB2B bearing reference number TC-CAF-011-2021-V.1, which are displayed on the Bank's website <https://ahlibank.om>. I/We confirm and agree to be subject to and comply with all the provisions of the Terms and Conditions in respect of the ahliNET and/or ahliB2B services which are referenced herein and deemed to be part of this application form to the same extent as if such provisions had been set forth in full herein.
- I/We understand and acknowledge that the above mentioned Terms and Conditions and any other account opening related documents shall be subject to amendment, variation and/or changes from time to time at the sole discretion of the Bank and that my/our continued use of the Account shall be deemed as my/our acceptance of such amended, varied and/or changed documents.
- I/We confirm that the information provided in my/our ahliB2B Application Form bearing reference AB2B-CAF-011-2021-V.1 is correct, accurate, valid and complete and undertake to advise the Bank immediately of any change in the above information.
- Subject to applicable local laws and Central Bank of Oman Guidelines, I/we hereby consent for the Bank to share our information with domestic or overseas regulators or tax authorities where necessary to establish my/our tax liability in any jurisdiction. Additionally, I/we also consent to the Bank sharing my/our information with any judicial or any other governmental authority and with any other third party, that the Bank, at its sole discretion deems fit.
- I/We agree and undertake to notify the Bank immediately if there is a change in any information which I/ we have provided to the Bank.
- I/ We confirm reading, understanding and accepting the terms and conditions of the bank that provided to me / us with this form, and I pledge to abide by it.

Signature

Stamp

FOR AHLI BANK SAOG

Represented by

:

Date

:

FOR BANK USE ONLY

Documentation Checklist	Board Resolution / Official Letter (Signed & Stamped)	Bank Representative Signature	
	Corporate and User's Verification	Workflow Verification	
Account Manager			
Registered on		Registrar Signature	
Approved by		Approver Signature	



AHLIBANK S.A.O.G

P.O. Box 545, PC 116 | Mina Al Fahal | Sultanate of Oman | Tel: (+968) 24577000 | Fax: (+968) 24568001
CR Number: 1558560 | Tax Card Number: 8074338 | Email: info@ahlibank.om | Website: www.ahlibank.om

www.ahlibank.om

ahliconnect: 24577177