

ahliNET Application Form

ahliNET

البنك الأهلي
ahlibank

AHLINET APPLICATION FORM

1. APPLICATION DETAILS

| | | |
|--|---|---|
| Account Number Insert ABO account number | | |
| Customer Name Insert organization legal name | | |
| Customer CR Insert commercial registration number | | |
| Date of Application Insert date corresponding to official letter | | |
| Access Required Please select one purpose only | <input checked="" type="radio"/> View Only Account viewing & statements | <input type="radio"/> View & Transaction Full access to view & conduct transactions |
| Purpose of Application Please select one purpose only | <input checked="" type="radio"/> New Registration Please select above for new application | <input type="radio"/> Amendment Please select above for modification |

1.1 CONTACT DETAILS

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

2. APPLICATION MODULES

Please tick (✓) on required module

* Account Services page will be required to complete

| | |
|-------------------------|---|
| Account Services | <input type="checkbox"/> Account Summary View multiple types of accounts dashboard and download debit/credit advice |
| | <input type="checkbox"/> Account Statement View and download account statement |

Please tick (✓) on required module

* Workflow matrix page/s will be required to complete

| | |
|--------------------------------|---|
| WPS/Government Salaries | <input type="checkbox"/> Salary / Payroll (WPS) Salaries, Allowances, Overtime Payment, Bonus, EOSB, Advanced Salaries, and Late Salary Payments within ABO and Oman. |
| Fund Transfer | <input type="checkbox"/> Single Transfer Single transfer (internal - within ABO / local - within Oman / international - SWIFT) |
| | <input type="checkbox"/> Bulk Transfer Bulk transfer (internal - within ABO / local - within Oman / international - SWIFT) via file upload |
| | <input type="checkbox"/> Own Account Transfer Transfer from your own account to another within the bank |
| Bill Payment | <input type="checkbox"/> Bill Payment Online bill payment (PASI, Electricity, Water, Telecom, etc.) |

NOTE:

For new registration – Please submit board resolution signed by all shareholders

For amendment – Please submit official letter and signed by authorised person/s

Please submit valid national ID copy for Omanis and valid passport copy with visa for expats for all users that require access

3. ACCOUNT SERVICES

| | | |
|---|---|--|
| Purpose of Configuration Please select one purpose only | <input checked="" type="radio"/> New Registration Please select above for a new application | <input type="radio"/> 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 | | | |

4. WPS / GOVERNMENT SALARIES

| | | |
|---|--|--|
| Purpose of Configuration Please select one purpose only | <input type="radio"/> New Registration Please select above for new application | <input type="radio"/> Amendment Please select above for modification |
| Workflow Type Please select workflow type | Self Authorisor Single user to initiate / authorise payments | Maker / Checker Multiple user workflow |

Please insert user details for WPS workflow

* Please add annexure of complete user list should you require more users to register

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

5. FUND TRANSFER

| | | |
|---|--|--|
| Purpose of Configuration Please select one purpose only | <input type="radio"/> New Registration Please select above for new application | <input type="radio"/> Amendment Please select above for modification |
| Payment Modules Please tick (✓) on required module | <input type="checkbox"/> Single Transfer | <input type="checkbox"/> Bulk Transfer |

Please insert user details for payment workflow

* Please add annexure of complete user list should you require more users to register

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

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|---|--|
| 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 "ahliNET Corporate 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's 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 "ahliNET Corporate Internet Banking" User requirement

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 ahliNET Application Form bearing reference ANET-CAF-EN-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