



Date	
Customer No.	
(your 6-digit basic account number)	

Application for Internet and SMS Banking Services (eBOS) Company

Company Name	
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eBOS User Details

User's Full Name			
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Preferred User ID		(1)	Assigned User ID	
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(Specify up to 3 User IDs, max 15 characters, by your order of preference. The bank will assign the User ID that is available)		(2)	
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		(3)	
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Secret Word	
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(Used for identity verification)

Contact Details

Telephone			
	(Res.)	(Office)	(Mobile)

Fax	
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Email	
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Address	
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(Your eBOS user ID and password will be mailed to the above address)

eBOS Access Rights

Please select the access rights required

<input type="checkbox"/> View Balances	<input type="checkbox"/> Transfer within Own Accounts	<input type="checkbox"/> Transfer to other BOS Accounts	<input type="checkbox"/> Transfer Request (Via Authority Letter)	<input type="checkbox"/> Transfer Request (Online)
<input type="checkbox"/> Bank Instruction	<input type="checkbox"/> Profile Maintenance	<input type="checkbox"/> Upload WPS SIF File	<input type="checkbox"/> Add Beneficiary Account	<input type="checkbox"/> PDC Withdrawal Request
<input type="checkbox"/> Bulk Transfer Request: <input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR				

eBOS Online Authorisation Levels

Choose whether one or more users are required to authorise transfers:

<input type="checkbox"/> Sole Authority	<input type="checkbox"/> Other	Please Specify: Rank	
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(Mandatory if Other Authority is selected. Possible Values are: A, B, C...etc.)

NOTE: in case of Dual/Multiple Authority is selected; all online transactions will require the approval of two/more authorized users. For that, if the digital signature is selected (2nd option above), please attach a separate annexure for operating instructions.

If you have any special conditions or restrictions on any specific account, please specify:

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Beneficiary Accounts

If you wish to use the online fund transfer facility of eBOS, please provide the following details:

If the beneficiary has an account with Bank of Sharjah:

	Beneficiary Account No.	Transfer Currency	Beneficiary Account Name
(1)			
(2)			

If the beneficiary does NOT have an account with Bank of Sharjah:

(1)	Beneficiary Name	A/C No. (Incl. IBAN)	
	Beneficiary Address		Transfer Currency
	Bank Name	Bank Address	Swift Code / ABA

(2)	Beneficiary Name	A/C No. (Incl. IBAN)	
	Beneficiary Address		Transfer Currency
	Bank Name	Bank Address	Swift Code / ABA

Terms And Conditions

By signing below, I/we, the authorised signatory/user(s) collectively/separately, hereby apply for the Bank of Sharjah- Internet and electronic banking service (collectively the Electronic Banking Services) as may be made available to me by the Bank from time to time.

Further, I/we, the authorised signatory/user(s) collectively/separately, acknowledge that my use of the Electronic Banking Services shall be governed by the Bank's prevailing Electronic Banking Terms and Conditions, available on the Bank's web-site at <http://www.bankofsharjah.com/> and the Bank's mobile application.

I/We, the authorised signatory/user(s) collectively/separately, declare that I/we, have read and fully understand the said Terms and Conditions and accept the same.

I/We, the authorised signatory/user(s) collectively/separately, hereby instruct and authorize the Bank to mail/send by courier my/our eBOS user ID and eBOS password (collectively Security codes) relating to my/our access to the Electronic Banking Services, to my/our address, as per the Bank's records, and, I/we, the authorised signatory/user(s) collectively/separately, agree that the risk of non-receipt and/or disclosure of the Security Codes to an unauthorized third party shall be fully borne by me/us. Subject to the Bank's prevailing terms governing the use of the Services, I/we, the authorised signatory/user(s) collectively/separately, hereby authorize and instruct the Bank to act on any instructions received through the use of my/our Security Codes, including, but not limited to the transfer of funds (subject to limits as may be imposed by the Bank from time to time) from my/our account(s) with the Bank to the third party accounts named under the heading Beneficiary Accounts, above, and to any account which I/we, the authorised signatory/user(s) collectively/separately, may designate from time to time, for this purpose under the Bank's prevailing procedures. I/We, the authorised signatory/user(s) collectively/separately, hereby further agree to keep the Bank indemnified against all actions, proceedings, liabilities and claims, cases, damages, costs and expenses in relation to or arising out of the Bank so accepting your request and transmitting information through e-mail. I/We, the authorised signatory/user(s) collectively/separately, hereby agree to pay all fees and charges, which the Bank may impose from time in connection with the Service in the manner stipulated by the Bank. The Bank may add to, discontinue, or vary any of the Services from time to time. The Bank shall not be liable or responsible for data corruption, delay, interception and unauthorized amendment of the information from time to time and at any time.

This agreement is in addition to and not in substitution of any other agreements, mandates, terms and condition relating to the customer's account(s) with the Bank.

I/We, the authorised signatory/user(s) collectively/separately, warrant that all the information provided by me/us, in this application form is true, accurate and complete in all respects.

Date		User's Signature		Account Authorized Signature	
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(The signature must be certified by the Bank)

For Bank Use

Authorized Signature		Verified By	
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