بنك الشــارقــة
Bank of Sharjah

	Date	
	Customer No.	

(your 6-digit basic account number)

Application for Grouping of Accounts in eBOS

A/C Holder Name	
User ID	
User's Full Name	

Grouping Accounts

If you have an existing account that you would like to link to your eBOS account, please specify:

NOTE: You must be authorized to access the mentioned accounts.

(1) Customer No. _____ Name _____

- ☐ View Balances
- ☐ Transfer within Own Accounts
- ☐ Transfer to other BOS Accounts
- ☐ Transfer Request (Via Authority Letter)
- ☐ Transfer Request (Online)
- ☐ Bank Instruction
- ☐ Profile Maintenance
- ☐ Upload WPS SIF File
- ☐ Add Beneficiary Account
- ☐ Setup Direct Debit Authority (DDA)
- ☐ Bulk Transfer Request: ☐ AED ☐ USD ☐ EUR

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

☐ Sole Authority   ☐ Other – Please specify: Rank _____   (*In case Dual/Multiple Authority is applicable, please attach the "Cross Reference Table" form for operating instructions.*)

I, the undersigned in my capacity of the lawful holder of the account listed above and an authorised signatory thereon, hereby declare that I have authorised the above mentioned user to have access to the above mentioned account through the Internet Banking service offered by Bank of Sharjah and I am fully aware of the level of delegation granted herein and I do indemnify the Bank and keep it indemnified against any losses, claims or demands whether direct or consequential as a result of the Bank granting access to the above mentioned user to the Service and it is my own responsibility at all times to ensure that the service is being used in accordance with the delegations granted by me. I further undertake to duly inform the Bank of any changes in the delegation as and when they occur.

Signature

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(2) Customer No. _____ Name _____

- ☐ View Balances
- ☐ Transfer within Own Accounts
- ☐ Transfer to other BOS Accounts
- ☐ Transfer Request (Via Authority Letter)
- ☐ Transfer Request (Online)
- ☐ Bank Instruction
- ☐ Profile Maintenance
- ☐ Upload WPS SIF File
- ☐ Add Beneficiary Account
- ☐ Setup Direct Debit Authority (DDA)
- ☐ Bulk Transfer Request: ☐ AED ☐ USD ☐ EUR

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

☐ Sole Authority   ☐ Other – Please specify: Rank _____   (*In case Dual/Multiple Authority is applicable, please attach the "Cross Reference Table" form for operating instructions.*)

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Signature

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(3) Customer No. _____ Name _____

- ☐ View Balances
- ☐ Transfer within Own Accounts
- ☐ Transfer to other BOS Accounts
- ☐ Transfer Request (Via Authority Letter)
- ☐ Transfer Request (Online)
- ☐ Bank Instruction
- ☐ Profile Maintenance
- ☐ Upload WPS SIF File
- ☐ Add Beneficiary Account
- ☐ Setup Direct Debit Authority (DDA)
- ☐ Bulk Transfer Request: ☐ AED ☐ USD ☐ EUR

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

☐ Sole Authority   ☐ Other – Please specify: Rank _____   (*In case Dual/Multiple Authority is applicable, please attach the "Cross Reference Table" form for operating instructions.*)

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Signature

Grouping Accounts (Cont.)

(4) Customer No. [____]   Name [____]

☐ View Balances   ☐ Transfer within Own Accounts   ☐ Transfer to other BOS Accounts   ☐ Transfer Request (Via Authority Letter)   ☐ Transfer Request (Online)

☐ Bank Instruction   ☐ Profile Maintenance   ☐ Upload WPS SIF File   ☐ Add Beneficiary Account

☐ Setup Direct Debit Authority (DDA)   ☐ Bulk Transfer Request: ☐ AED ☐ USD ☐ EUR

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

☐ Sole Authority   ☐ Other – Please specify: Rank [____]   *(In case Dual/Multiple Authority is applicable, please attach the "Cross Reference Table" form for operating instructions.)*

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Signature [____]

(5) Customer No. [____]   Name [____]

☐ View Balances   ☐ Transfer within Own Accounts   ☐ Transfer to other BOS Accounts   ☐ Transfer Request (Via Authority Letter)   ☐ Transfer Request (Online)

☐ Bank Instruction   ☐ Profile Maintenance   ☐ Upload WPS SIF File   ☐ Add Beneficiary Account

☐ Setup Direct Debit Authority (DDA)   ☐ Bulk Transfer Request: ☐ AED ☐ USD ☐ EUR

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

☐ Sole Authority   ☐ Other – Please specify: Rank [____]   *(In case Dual/Multiple Authority is applicable, please attach the "Cross Reference Table" form for operating instructions.)*

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Signature [____]

(6) Customer No. [____]   Name [____]

☐ View Balances   ☐ Transfer within Own Accounts   ☐ Transfer to other BOS Accounts   ☐ Transfer Request (Via Authority Letter)   ☐ Transfer Request (Online)

☐ Bank Instruction   ☐ Profile Maintenance   ☐ Upload WPS SIF File   ☐ Add Beneficiary Account

☐ Setup Direct Debit Authority (DDA)   ☐ Bulk Transfer Request: ☐ AED ☐ USD ☐ EUR

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

☐ Sole Authority   ☐ Other – Please specify: Rank [____]   *(In case Dual/Multiple Authority is applicable, please attach the "Cross Reference Table" form for operating instructions.)*

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Signature [____]

Date [____]   User's Signature [____]

For Bank Use

Authorized Signature [____]   Verified By [____]