



1.1 Company Details

A B C C O R P O R A T I O N L L C .

(Max . 35 Characters including spaces.)

Primary Contact Person *

MOHAMMED SALEH

Mobile Number

9	7	1	5	X	X	X	X	X	X	X
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Job Title

GENERAL MANAGER

Telephone Number*

9	7	1	4	X	X	X	X	X	X	X	X
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Department

FINANCE

Fax Number*

9	7	1	4	X	X	X	X	X	X	X	X
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E-mail Address

P	R	I	M	A	R	Y	@	A	B	C	.	A	E
---	---	---	---	---	---	---	---	---	---	---	---	---	---

(Primary Contact Person E-mail address is needed for communication.)

Company Address

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* *Mandatory*

Please provide a tick ☐ next to the service(s) required.

☒ Web Channel or ☐ Host to Host (H2H) Channel

[illegible]

X

Signature

Section 5: Authoriser (s) Details

Authoriser 1

User ID

I Q B A L 1 2 3 4

(User ID of Authoriser should match User ID from Section 4.)

Authoriser Group
(Valid from A-F)

D

Mailing Address
(The VASCO Token will be sent on the mentioned mailing address)

MY ADDRESS

Token Type ☒ VASCO Token ☐ Mobile Token

Signature
(please sign in the box)

X

Authoriser 2

User ID

R A V I 1 2 3 4

(User ID of Authoriser should match User ID from Section 4.)

Authoriser Group
(Valid from A-F)

C

Mailing Address
(The VASCO Token will be sent on the mentioned mailing address)

MY ADDRESS

Token Type ☒ VASCO Token ☐ Mobile Token

Signature
(please sign in the box)

X

Authoriser 3

User ID

(User ID of Authoriser should match User ID from Section 4.)

Authoriser Group
(Valid from A-F)

Mailing Address
(The VASCO Token will be sent on the mentioned mailing address)

Token Type ☒ VASCO Token ☐ Mobile Token

Signature
(please sign in the box)

Authorization Rule

Payment / Trade

Authorization Rule

PAYMENT AND TRADE H+D

Follow - Hierarchy

☒ Yes ☐ No

Upper Limit (AED)

0 0 0 2 0 0 0 0 0

PAYMENT AND TRADE H+C

☒ Yes ☐ No

0 0 0 5 0 0 0 0 0

PAYMENT AND TRADE H+D+C

☒ Yes ☐ No

1 0 0 0 0 0 0 0 0

☒ Yes ☐ No

Maximum Transaction Limit (AED) (if other than default)

Daily

Weekly

Monthly

Company Authorisation

X

Authorised Signature, Company Stamp

Date

Name and title

X

Authorised Signature, Company Stamp

Date

Name and title

X

Authorised Signature, Company Stamp

Date

Name and title

Note: Please use additional sheets if there are more authorisers to be listed.