

# Liquidity Management

## Participant Company Setup Form

Participant Company Setup Form			
Company Name			
Address			
P.O. Box		Emirate	
Authorised Contact Person			
Telephone		Mobile	
E-Mail			

Services
<input type="checkbox"/> Sweeping <input type="checkbox"/> Pooling <input type="checkbox"/> Inter-Company Loans (ICL)

Participant Company Account Information			
Account Name	Account Number	Services	
		<input type="checkbox"/> Sweeping	<input type="checkbox"/> Pooling <input type="checkbox"/> ICL
		<input type="checkbox"/> Sweeping	<input type="checkbox"/> Pooling <input type="checkbox"/> ICL
		<input type="checkbox"/> Sweeping	<input type="checkbox"/> Pooling <input type="checkbox"/> ICL
		<input type="checkbox"/> Sweeping	<input type="checkbox"/> Pooling <input type="checkbox"/> ICL
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		<input type="checkbox"/> Sweeping	<input type="checkbox"/> Pooling <input type="checkbox"/> ICL
		<input type="checkbox"/> Sweeping	<input type="checkbox"/> Pooling <input type="checkbox"/> ICL
		<input type="checkbox"/> Sweeping	<input type="checkbox"/> Pooling <input type="checkbox"/> ICL
		<input type="checkbox"/> Sweeping	<input type="checkbox"/> Pooling <input type="checkbox"/> ICL

Participant Company Charge Account Details	
Account Name	
Account Number	

**Authorization**

Parent Company (the "Client") Name

Parent Company Account Number

Parent Company iBusiness Account Number

The Participant Company acknowledges that the Parent Company (the "Client") has entered into an Agreement with CBD for the provision of the Service. The Participant Company understands and agrees to be bound by the terms and conditions of the Agreement and other such terms and conditions for the provision of the Services. The Participant Company hereby authorises CBD to provide the Parent Company access to the Participant Company's accounts in respect of the requested Services, and hereby acknowledges and assume all risk associated with acting upon this request.

The Participant Company represents and warrants that the signatory/ies below is/are duly authorized to enter into this Agreement on behalf of the Participant Company.

For and on behalf of the Parent Company

For and on behalf of the Participant Company

\_\_\_\_\_  
Authorized Signature and Company Stamp

\_\_\_\_\_  
Authorized Signature and Company Stamp

For and on behalf of the Parent Company

For and on behalf of the Participant Company

\_\_\_\_\_  
Authorized Signature and Company Stamp

\_\_\_\_\_  
Authorized Signature and Company Stamp

**FOR BANK USE ONLY**

Participant RIM

Received by

Approved by

Enrolled by

Signature / Date

Signature / Date