

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. <input type="text"/>	Name <input type="text"/>	
<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) <small>(Applicable for companies only)</small> <input type="checkbox"/> Transfer Request (Online)			
<input type="checkbox"/> Bank Instruction <input type="checkbox"/> Profile Maintenance <input type="checkbox"/> Upload WPS SIF File <small>(Applicable for companies only)</small> <input type="checkbox"/> Add Beneficiary Account <input type="checkbox"/> SMS Banking			
<input type="checkbox"/> Setup Direct Debit Authority(DDA) <small>(Applicable for individuals only)</small>			
Authorization Level: Choose whether one or more users are required to authorise transfers:			
<input type="checkbox"/> Sole Authority <input type="checkbox"/> Other – Please specify: Rank <input type="text"/> <small>(In case Dual/Multiple Authority is applicable, please attach the "Cross Reference Table" form for operating instructions.)</small>			
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 and SMS 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 <input style="width: 100%; height: 40px;" type="text"/>
(2)	Customer No. <input type="text"/>	Name <input type="text"/>	
<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) <small>(Applicable for companies only)</small> <input type="checkbox"/> Transfer Request (Online)			
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(3)	Customer No. <input type="text"/>	Name <input type="text"/>	
<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) <small>(Applicable for companies only)</small> <input type="checkbox"/> Transfer Request (Online)			
<input type="checkbox"/> Bank Instruction <input type="checkbox"/> Profile Maintenance <input type="checkbox"/> Upload WPS SIF File <small>(Applicable for companies only)</small> <input type="checkbox"/> Add Beneficiary Account <input type="checkbox"/> SMS Banking			
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Grouping Accounts (Cont.)

(4) Customer No. Name

View Balances
 Transfer within Own Accounts
 Transfer to other BOS Accounts
 Transfer Request (Via Authority Letter) (Applicable for companies only)
 Transfer Request (Online)

Bank Instruction
 Profile Maintenance
 Upload WPS SIF File (Applicable for companies only)
 Add Beneficiary Account
 SMS Banking

Setup Direct Debit Authority(DDA) (Applicable for individuals only)

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 and SMS 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

(5) Customer No. Name

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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