EDB SmartConnect Form

EDB
مصرف الإمارات للتنمية
Emirates Development Bank

Company Name: (As per Trade License)	
Group ID (Only for existing client)	
i. Request Type: ☐ New Client	☐ Amendment/Deletion for Existing Client
ii. EDB SmartConnect --- Reports, Payments & Service Requests, (includes all products & services offered by EDB SmartConnect)	
iii. User Information - please list information for each person you wish to nominate as users for EDB SmartConnect	

User Information

☐ Add User   ☐ Delete User   ☐ Amend User

First Name: as per ID document	
Last Name:	**Email Address:**
Mobile Number: (with country code)	**User ID:** (only for existing users)

User Profile* ☐ Viewer ☐ Maker ☐ Verify/Checker ☐ Authorizer ☐ Releaser
User profile is mandatory & multiple selection is allowed.

Account Access: Please mention relevant account numbers.

Sr. No	Account Number (account no's for which you want online access)	Account Currency	Add/Remove Access
1			
2			
3			
4			
5			

Payment profile: (can select multiple options)
☐ All Payment Types   OR   ☐ Selected Payment Types Below
☐ Own Accounts   ☐ Within EDB Accounts   ☐ Domestic (only AED)
☐ Salary WPS Covered   ☐ Bulk File Upload   ☐ Service Requests

2 Factor Authorization: ☐ Via Mobile App (EDB SmartConnect provides the convenience of generating one-time-password using your smartphone device)

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User Authorization MATRIX

User Name						
User Group (select)	A	B	C	D	E	Jointly With Group
Transaction Limit (amount in AED)						A
						B
						C
						D
						E
Please Note: -	Please select user group you belong to and then please mention the amount you want to authorize within the same user column and then select jointly with which user group.					
Singly						
Please Note: -	Please mention amount in AED					
Signature						

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Important notes:

- Payment verifier and payment authorizer roles cannot be given to the same person.
- The transaction authorizer should be the delegated signatory as per the company mandate. Their role & approval group/workflow will be created as per held company mandate by EDB.
- Please refer to the T&Cs section on the EDB Website https://www.edb.gov.ae

v. Special Instructions (If any)

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Authorized Person		Authorized Person	
Name as per ID document		Name as per ID document	
Title		Title	
Signature		Signature	
Date	DD MM YYYY	Date	DD MM YYYY

Company Stamp

For Bank Use Only

Documents Received By		Signature Verification Done By		Document Archived By	
Receiver Name		Verifier Name		Archiver Name	
Signature		Signature		Signature	
Date	DD MM YYYY	Date	DD MM YYYY	Date	DD MM YYYY
Department		Department		Department	
Reviewer Name		Checker Name		Document Id / reference number/ File Name	
Signature		Signature			
Date	DD MM YYYY	Date	DD MM YYYY		
Department		Department			

NOTE: This page may be re-printed in case more than two authorized signatories are signing this document. Please cross-off all the other fields after re-printing.