

corporatePAY and User Enrollment Form

Date:

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| Corporate Name: | | | | | | | | | | | | | | Corp | oorate | Co | de (| If alre | eady | Exist | s): | | |
| Corporate Bank Acc | | orate v | vishes | to enro | M/link ir | a corne | orateP# | ΔV Nic | rkname | e can h | e Δlter | native i | name t | o identi | ify acc | nunt | for e | ase) | | | | | |
| Account Number | lateorp | Orace vi | 1100 | lo cino | | roorpe | rater r | 17.740 | Miamo | Joan B | Anon | Tall VC 1 | iamo e | dena | ly door | June | 101 | .430) | | | | | |
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| Account Name: | | | | | | | | | | | | | | E | 3rancl | າ: | | | | | | | |

Request to $\ \square$ Add $\ \square$ Modify/Change corporatePAY Users as Detailed below

| Corporate User Name/s | Citizenship# | Email | Mobile # | Transaction Role | | |
|-----------------------|--------------|-------|----------|---------------------------------------|--|--|
| | | | | □Initiator □Approver □Primary Contact | | |
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Amount wise Transaction Approving Details

(Mention the approver user combination required for approving transactions based on the transaction amount. Only once the corporate approver user from 1st Hierarchy approves the transaction as per the slab, approver from subsequent Hierarchy in same slab can approve the transaction.)

| Amount From | Amount To | No of approvers required for given transaction range (1 or 2 or 3 etc.) | List of user having authority to approve transaction (Enter corporate user name/s with Approver transaction Role) | Hierarchy (1 or 2 or 3 etc.) | |
|----------------|-----------|---|---|------------------------------------|--|
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Multiple slabs of transaction amount for approval can be requested. Multiple Hierarchies for same slab can also be requested. By default, hierarchy 1 will be made. Additional hierarchy can be requested for different level of approval sequence process.

(Example: In the above example, if transaction up to 5 lakh have to be processed, either Sr. Accountant or Accountant will have to approve the transaction first then any one Signatory from higher level authority can approve the transaction to be processed. Hence, Hierarchy 1 should be assigned to Sr. Accountant and Accountant and Hierarchy 2 for rest of the corporate users for transaction up to 5 lakh. Similarly Number of approver required for another transaction slab and Hierarchy can be added as illustrated in the above table.)

Terms and Conditions:

Corporate confirms and agrees to the following terms and conditions for use of corporatePAY:

- The user information provided including Mobile number, Email Id, and other details for enrolment and linking of bank account/s is true and correct.
- Authorize the bank to use the existing details with the bank and the signatories as provided in this form and/or already available with the bank for enrolment for corporatePAY.
- Any changes in the information including addition/deletion/changes required in Admin User, Transaction Initiator and Approver Users have to be timely notified to bank for necessary changes for using the corporatePAY. Confirm that all users are well aware about securing their username, password, second factor authentication/OTP and other credentials of corporatePAY. Confirm that the bank and/or NCHL shall not be held liable in any case of fraudulent transactions due to any sort of compromise of credentials by the corporate users intentionally or unintentionally and due to delay of user revocation by the corporate.
- Authorize the corporate user who has been issued username and password to use corporatePAY and to act on behalf of the corporate.

- 5. Authorize the bank to function based upon electronic instructions received via corporatePAY and provide authority to debit the corporate account mentioned in the form maintained with the bank for the purpose of processing the transaction through corporatePAY and for the applicable fees and charges as advised by the bank for use of corporate PAY.
- Ensure availability of funds in the bank account before the transaction is being processed and confirm for the validity and the legality of the transactions initiated through corporatePAY including compliance to the prevailing AML and CFT regulations. Corporate understands and agrees that the bank has the right to suspend/reject and/or withhold any transactions that it deems violates any such policy/ regulations and the transaction requested beyond the allowed transaction limit threshold.
- 7. Confirm accuracy of the beneficiary identifier and/or beneficiary details including bank name, branch name, account number, account name (where required) apart from the transaction amount, transaction reference, etc. have been duly verified in a transaction and processed through corporatePAY and confirm that the bank and/or NCHL shall not be liable to verify and validate the accuracy of the transactions and shall not be held liable in case of any dispute in transactions due to any sort of deviation in beneficiary and transaction details furnished.

<u>Self-Declaration:</u>

I/We hereby declare that the information and documents furnished to the bank are true and complete and also confirm and agree to the terms and conditions laid down for usage of corporatePAY.

| Authorized Signatory | Authorized Signatory | Authorized Signatory | Authorized Signatory |
|---|--|---|----------------------|
| Name | Name | Name | Name |
| Designation | Designation | Designation | Designation |
| Official Stamp: | | | |
| Date: (To be signed by Authorized Sign | natory and Stamped in each Page) | | |
| | For Bar | nk's Use Only | |
| | | • | |
| CBS Code of Corporate: | | | |
| Corporate Profile: | | | |
| Completion of KYC for the use | ers requested: | ☐ Yes ☐ No | |
| Document Checklist: 1. Original Verified Copy of Board | d Resolution to subscribe corporatePA | Y/transact and mandate to operate. | |
| 2. Original Verified Copy of Board | resolution for transaction limit. | | |
| 3. Original Verified Copy of Board | d resolution to authorized user's detail | for providing access to corporatePAY. | |
| 4. Original Verified Copy of KYC | & relevant documents related to autho | rized corporatePAY user(s). | |
| 5. Original Verified Copy of Lates | t Article of Association & Memorandur | n of Association. | |
| | | nd signature(s) of the client are verif th the Board Resolution for operatin | |
| Verified By: | | Approved By: | |
| Name: | | Name: | |
| Staff ID & Designation: | | Staff ID & Designation: | |
| Date: | | Date: | |
| Signature: | | Signature: | |