



Fill in BLOCK letters and check $\ensuremath{\overline{\square}}$ where appropriate

| Date | day month year |
|-----------------------|---|
| The N | Manager, |
| | Branch, |
| United Arab Emirates. | |
| | — CUSTOMER REFERENCE |
| Cus | tomer account number 0 2 - - - - - - - - - - |
| Acc | ount title |
| | |
| Dear | Sir/Madam, |
| I/We | hereby request you to kindly: |
| 1 | Register my/our company for WPS using Habib Bank AG Zurich's online system (HBZwps). The MOL (Ministory of Labor) ID. number of my/our company is . I/We agree to abide by all present and future rules and regulations pertaining to the WPS salary mandate of the Central Bank and the Ministry of Labor of the UAE, as well as the terms and conditions of Habib Bank AG Zurich. NOTE: The company and its staff must be registered with the Ministry of Labor. |
| | Enable HBZwps module functionality to my/our HBZweb login, to perform HBZwps transaction(s) online. |
| | Process salary payment of my/our employees through WPS for the month of |
| i | authroize the Bank to debit my/our account specified above with the total salary amount of |
| (| (|
| | ENCL: Multimedia containing the employee(s) salary list (not required for online processing). |
| Pleas | e feel free to contact me/us for further clarification or visit http://www.habibbank.com/uae/HBZwps/hbzwps.html for details. |
| Yours | s faithfully. |
| | FOR OFFICE USE |
| | SV SV |
| authorize | signature Verified by |

- In the case of multiple signatories, authorized signatories must sign as per the account mandate.
 The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.
 The company stamp must be affixed.