

e-Advice Service Application Form

QNB Corporate Banking					
Company Name			CR./ID. No		
Company Contact Name		Telepho	Telephone No.		
Check your email application used to receive e-Advice		Lotus N	otes	Outlook	
Check type of e-Advice you would like to receive Cash			Regular Clearing	Inward Remittance	
	Salary		Payment Transfer		
Please read carefully and sign the agree	ement below.				
This e-Advice application only applies to the account number(s) listed below. You must maintain a valid email address as a condition of participating in the e-Advice program.		of e-Advi	 Please allow up to three business days for us to set up your account for e-Advice processing. Please ensure to TYPE all details clearly. 		
Details of Individuals Being Authorized to Receive Bank e-Advice					
QNB Account No.	Email Address		Name of Individual		
I/We hereby agree to provide QNB with the above email addresses to send e-Advices for the above accounts.					
Company Signatories					
Name Sign		Signature		Date	
				DDMMYYYY	
Name		Signature		Date	