



## AMENDMENT TO THE ENTITY ENROLMENT FORM

Name (as per Trade/Commercial License) ("**Client**"): \_\_\_\_\_

Trade License Number: \_\_\_\_\_

Company MOL Code: \_\_\_\_\_

Corporate ID: \_\_\_\_\_

The "Contact Details" section under the original Entity Enrolment Form dated (\_\_\_\_\_) ("**Entity Form**") is hereby amended, replaced and updated with the following information:

Corporate Maker     Corporate Checker     Card Custodian     Alternate Card Custodian     PIN Custodian     Alternate PIN Custodian

- Unless otherwise stated, all terms used in this Form that are not otherwise defined, herein, shall have the respective meanings ascribed to such terms in the Terms and Conditions attached to the Entity Form.
- This Form embodies the entire agreement between FH and the Client with respect to the amendment of the Entity Form. In the event of any conflict or inconsistency between the provisions of the Entity Form and this Form, the provisions of this Form shall control and govern.
- Unless otherwise modified and amended, all of the terms, provisions, requirements and specifications contained in the Fees, Charges, Other Services and Terms and Conditions under the Entity Form remain in full force and effect. Except as otherwise expressly provided herein, the parties do not intend to, and the execution of this Form shall not, in any manner impair the Form, the purpose of this Form being simply to amend and ratify the Entity Form, as hereby amended and ratified, and to confirm and carry forward the Entity Form, as hereby amended, in full force and effect.

## ACCESS MANAGEMENT MATRIX

Name: \_\_\_\_\_

Email ID: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emirates ID: \_\_\_\_\_

Authority:

Maker

Checker

Authorizer

Card Issuance & Salary Transfer:

Card Issuance

Salary

Non-Salary

Bulk Transfer

Report Viewer

All

Card Maintenance:

Activation

Blocking

Unblocking

Mobile Update

Edit Employee

EID Update

Card Cancellation

Card Replacement

All

Name: \_\_\_\_\_

Email ID: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emirates ID: \_\_\_\_\_

Authority:

Maker

Checker

Authorizer

Card Issuance & Salary Transfer:

Card Issuance

Salary

Non-Salary

Bulk Transfer

Report Viewer

All

Card Maintenance:

Activation

Blocking

Unblocking

Mobile Update

Edit Employee

EID Update

Card Cancellation

Card Replacement

All

I, the undersigned, hereby certify that the above information provided by us is true, accurate and complete and shall affix my initials and signature on the same, accordingly.

IN WITNESS WHEREOF, FH and the Client have executed and delivered this Form as of the date mentioned below.

Name of Authorised Signatory: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_