

Wages Protection System (WPS) Registration

Employer Details

Employer Name
The name of the regulated entity under WPS

Employer Account No.
Regulated entity's account with Ahlibank

Employer IBAN
IBAN of regulated entity's account with Ahlibank

Employer CR No.
Regulated entity's company registration number

Employer Computer Card No.
Regulated entity's Computer Card No. (Qaid Al Munsha'a)

Payer Details

Please fill these details only if salaries are not paid from Employer's account

Payer Name
Name of the corporate/individual from whose account the salary is to be paid

Payer IBAN
IBAN of payer's account with Ahlibank

Payer Computer Card No.
If payer is a corporate then its Computer Card No. (Qaid Al Munsha'a)

Or

Payer QID No.
If payer is an individual then his/her Qatari ID No.

I/We hereby authorise Ahli Bank QSC to debit my/our account as given in 'Payer IBAN' above upon receiving instructions from (Employer Name) to pay salaries through the Wages Protection System under this registration.

Payer Signature

Please provide information about your authorised representative with whom Ahlibank would communicate regarding this application

Name

Mobile No.

Email ID

Employer Signature

Check-list of Documents to be Submitted with this Registration Form

- | | |
|---|--|
| <input type="checkbox"/> Commercial Registration of employer | <input type="checkbox"/> Computer Card (Qaid Al Munsha'a) of employer |
| <input type="checkbox"/> Qatari ID(s) of person(s) signing this registration form | <input type="checkbox"/> Commercial Registration of payer* |
| <input type="checkbox"/> Computer Card (Qaid Al Munsha'a) or Qatari ID of payer* | <input type="checkbox"/> Qatari ID(s) of person(s) signing payer's authorisation to debit its account (where payer is a non-individual)* |

*only if salaries are not paid from employer's account

For Bank Use only

Personal Banker/Relationship Manager Name

Signature

Operations Department (Entered by)

(Verified by)