

2. REGISTRATION FORM FOR WPS/ESA/DOMESTIC WORKERS

Corporate Customer Details: mark the appropriate box with (✓)																																																												
Type of the Entity	Sole Proprietorship										Partnership										Free Zone (FZE / FZCO)																																							
	LLC										PJSC & PSC										Association / Club / Society																																							
	Charitable Organization																																																											
	Others: (please specify)																																																											
Name of the Entity (as per the Trade / Professional License)																																																												
Core Business Activity																																																												
Labor Regulatory Authority / MOL Number																																																												
Trade / Professional License Details																									DD	MM		YY																																
License No										Issue Date																																																		
Place of Issue										Expiry Date																																																		
Date of Incorporation																																																												
Registered Address																																																												
P.O. Box No										Telephone																																																		
Emirate										TRN																																																		
Email																																																												
Website																																																												
Physical Address																																																												
Door / Shop Number										Complex / Building Name																																																		
District / Area Name																																																												
Street Name										Emirate																																																		
Land Mark																																																												
Contact Person																																																												
Name																																																												
Designation																																																												
Email																																																												
Telephone										9	7	1																		Mobile										9	7	1	5																	
Names of Owner/Partner/Director/Shareholder																																																												
Name										Designation										Nationality										Mobile										ID Type										Percentage of Share										
Local Bank Account Details																																																												
IBAN Number										A	E																																																	
Bank Name																																																												
Bank Branch Name																																																												

Authorized Signatory Name:

Date:

Company Stamp:



3. LETTER OF AUTHORIZATION

Authorization for conducting WPS transaction.

We hereby authorize the following representative(s) to conduct WPS transaction on behalf of our company and to sign the necessary transaction receipts. His/ Her valid original Emirates ID / Passport with resident Visa Page will be produced by him / her at the time of conducting transaction.

We also undertake complete responsibility of these transactions and agree to provide you necessary evidence in respect of the source of funds, additional information and supporting documents to substantiate the transaction, if warranted.

Name	Designation	ID No.	Contact No.	Signature

Further, we confirm that the authorized person(s) who carries out the transaction on behalf of our company is bona fide employee (s) and resident in the UAE.

In this regard, we will immediately notify Al Ansari Exchange in writing, in the event of any change in the authorized representative (s)

In case the representative (s) is /are employed under the sponsorship of another company other than our customer, the relationship details are as follows;

Name	Designation	Employment details (name of the company)	Relationship with the company where the rep. is employed	Reason for representation by the employee

Authorized Signatory Name:

Date:

Company Stamp:



4. WAGE PAYMENT AGREEMENT

This agreement is executed on ___ / ___ / 20 __, between the following two parties for implementing salary disbursement services in accordance with the applicable regulatory requirements:

1. Al Ansari Exchange LLC, P.O Box 6176, Dubai, hereinafter will be referred to as the "First Party" And
2. The "Second Party" _____

Purpose of the Agreement:

This agreement is executed for disbursement of salaries of the employees of the Second Party by the First Party within the U.A.E., either under the Wages Protection System (WPS) regulated by Central Bank of the UAE and the Ministry of Labour or the respective Labour Regulatory Authority (LRA). The agreement is based on the following terms and conditions:

Terms and Conditions:

1. Charges

Details	Amount (AED)
File Opening/ Set-up Charges (One Time):	
Number of Employees:	
Payplus Card Issuance Fee (One Time):	
Charges per Employee per Disbursal: (Payroll)	
Charges per Employee per Disbursal: (PayPlus)	
Charges per Employee per Disbursal: (Bank)	
Processing Charges Per File: ____ Annual ____ Per File	

2. The Second Party will transfer the salaries of its employees for disbursement against the applicable charges to the First Party.
3. The First Party undertakes to disburse the salaries of the employees of the Second Party as per the applicable Labour Regulatory Authority's (LRA's) guidelines and the mutually agreed process flow.
4. The Second Party shall provide the First Party, a Salary Information File (SIF) in accordance with the LRA prescribed format. The First Party may create the SIF at the request of Second Party, at agreed charges.
5. Once the First Party receives the SIF and the equivalent amount along with the applicable charges, it will release the salary to the employees of the Second Party within one (1) working day subject to clauses 6, 7, 13 & 15 below.
6. The Second Party agrees to pay the agreed charges mentioned (Clause No.1) in full and in advance of each disbursement.
7. If the Second Party fails to pay the relevant charges in accordance to clause 5 of this agreement, the First Party has the right to cease its services in conjunction to this agreement and reserves the right to proceed with any legal claims.
8. The First Party shall provide ATM enabled cards in association with FAB & MasterCard to all registered employees of the Second Party upon the payment of the card issuance fee mentioned in the clause No1."
9. The Second Party agrees to intimate the First Party regarding deactivation of any card due to resignation or termination or any other reason of the concerned employee within 7 days of such event.
10. This agreement is valid for a period of one year from the date of its execution and shall be automatically renewed for subsequent identical periods as per the existing terms & conditions unless either party serves a written termination notice to the other 30 days prior to the expiry date.
11. The First Party shall refund any unpaid salaries to the Second Party only in compliance with procedures laid down by the LRA.



12. The Second Party agrees to raise claims of non-payment of salaries within 10 days of the incident. The First Party shall not be held responsible for any claims thereafter.
13. The First Party will not be responsible for any claims arising out of any incorrect information provided by the Second Party regarding the personal or card details or salary period of its employees and their salaries. The First Party shall only try to help and not guarantee the Second Party to rectify, if possible, any incorrect credit due to such info.
14. Each party agrees not to disclose or share the information and the terms of this agreement with any third party without a written consent from the other party unless requested by a government authority.
15. First Party shall not be responsible for non-payment or delayed payment of salaries due to any force majeure event which is beyond its reasonable control, including but not limited to acts of God and nature; strike or lockout due to labour dispute; war, riots or civil commotion; terrorism, explosion or malicious damage; accident or breakdown of offices or branches or machinery or the applicable computer server etc.
16. Any modification or amendment to this Agreement shall be made in writing with the mutual consent of both the Parties.
17. This agreement shall be construed in accordance with the Federal Law as applicable in the UAE and both parties submit to the exclusive jurisdiction of courts in Dubai, UAE.
18. If Annual Plan is opted:
 - a. Second party will be allowed to process 15 Salary Information Files (SIF) during the Contract period mentioned in the annual fee payment receipt.
 - b. All Salary Information Files processed beyond the applicable limit of 15 files per annum will be charged at AED 25 per file.
 - c. No Refund will be processed on unutilized amount (Annual Charges) under any circumstances.
 - d. The annual plan is valid for a period of one year from the date of the annual fee payment and shall be renewed with the consent of both parties.
19. The Second Party must provide copies of the following valid documents or details to the First Party:
 - a. Trade License.
 - b. Chamber of Commerce Membership Certificate.
 - c. MOL / LRA Registration Number.
 - d. List of Employees (From Labour Regulatory Authority) / Work Permits.
 - e. Employees' Bank Account Details in case of Salary Credit to Bank Account.
 - f. Owners/ Partners / Authorized Signatory Passport.
 - g. Power of Attorney/ Board Resolution in favor of authorized signatory.
 - h. Employees' Emirates ID

In witness thereof the parties or the duly authorized representatives of the parties have executed this agreement as of the date stated above.

First Party (Al Ansari Exchange LLC)	Second Party
Name:	Name:
Designation:	Designation:
Signature:	Signature:
Stamp:	Stamp:



5. LETTER OF INDEMNITY FOR WAGES PROTECTION SYSTEM (WPS)

Date: _____

We, _____ (Name of Employer), having our registered office at _____

_____ (hereinafter referred to as the "Company") and holding MOL No. / TL No. _____ agree to and hereby indemnify Al Ansari Exchange LLC (hereinafter referred as Exchange House) from and against all actions, suits and/or claims arising out of our participation in the Wages Protection System through the Exchange house.

The Company acknowledges and confirms that:

- i. The Exchange house will accept and process the transactions only after receiving SIF from the authorized email/s in the specified format.
- ii. The SIF format provided by the Exchange house shouldn't be altered, except with the Salary period and amount columns. Exchange house is not responsible for any loss / delay due to inconsistency of the submitted SIF and due to factors beyond the control of Exchange house.
- iii. The Exchange house will accept WPS Related request only from the authorized email. The WPS Related request includes i) Addition or ii) Deletion of Employee iii) Salary Statement of Employees & iv) Salary Reports (Employer or Employees). Authorized Email address is/are mentioned in the table below.

Sl#	Authorized Email Address
1	
2	
3	

- iv. The Exchange House should be notified whenever there is change in the Authorized Email address. The company will submit a new letter of Indemnity prior to one week of salary processing at Exchange House or via Email from authorized email address to wps.operations@alansari.ae. Further, the Exchange House will consider the existing records as null and void.
- v. The Exchange House stands indemnified for any consequences arising out of the Company's decision to not use passwords or secured channels for communication of SIFs.
- vi. We follow due diligence and care while conducting transaction by abiding all prevalent rules and regulations of the Govt. of UAE on Anti Money Laundering & Terrorist financing. Further, we ensure all transactions represent genuine and in line with usual lawful permitted business activity(s) only.
- vii. We also undertake the complete responsibility of all the transactions conducted through Al Ansari Exchange LLC and agree to provide you with necessary documentary evidence to substantiate transaction, if deemed necessary.

Authorized Signatory Name:

Date:

Company Stamp:



6. QUESTIONNAIRE - AML / CFT LAWS AND REGULATIONS

We undertake to comply with the UAE AML / CFT laws and regulations concerning Money Laundering and Terrorist Financing by answering to the following due diligence questionnaire.

Questions	Answer				
	Yes	No			
FPEP & DPEP (Foreign / Domestic Politically Exposed Person) Involvement: Is the owner(s) / Partner (s) / Shareholder(s) / Director(s) / Authorized Signatory is Minister in Foreign Government, Member of Parliament, legislatures, diplomatic or immediate family members of close associates of FPEP					
Permitted Activities of Business: Does your institution deal in any activities other than permitted in Trade License. If Yes, specify other activities: _____ _____ If General Trading, mention the specific activities: _____ _____					
Whether any branches / subsidiaries are located in Iran, North Korea or Cuba					
How would you transfer the funds to Al Ansari Exchange LLC for processing WPS: Cash <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> All <input type="checkbox"/>					
Group of Companies: Does your company have any sister / parent / subsidiary company, if Yes: Locally <input type="checkbox"/> Internationally <input type="checkbox"/>					
Number of employee (s) processing through Al Ansari Exchange LLC: _____					
Aggregate monthly salary (AED) of all employee (s): _____					
Annual activity (Expected WPS amount to be utilized annually for salary disbursal)					
No. of Transaction	Up to 100K	101K – 500K	501K – 1M	1M – 1.5M	ABOVE 1.5M

Authorized Signatory Name:

Date:

Company Stamp:



7. ONLINE PORTAL USER AUTHORIZATION FORM

Company Name	Trade License	MOL No.

We hereby authorize the following representative(s) to operate and perform transactions on the online portal, provided by Al Ansari Exchange LLC, on behalf of our company.

SI	Preferred User Name	Authorized Users	Service		User Type		
			Remittance	WPS	Maker	Verifier	Super User
		Full Name: _____ Emirates ID: _____ Mobile: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Full Name: _____ Emirates ID: _____ Mobile: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Full Name: _____ Emirates ID: _____ Mobile: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Full Name: _____ Emirates ID: _____ Mobile: _____ Email: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Al Ansari Exchange Online Portal – User Authorization Form. We also undertake complete responsibility of these transactions and agree to provide you necessary evidence in respect of the source of funds, purpose and legality of beneficiary(s)/ sender(s) if warranted.

Further, we confirm that the authorized person(s) who carries out the transaction on behalf our company/establishments is/are our bona fide employee(s) and resident in the UAE. In this regard, we will immediately notify Al Ansari Exchange in writing, in the event of change in authorized representative(s)

Signature: _____

Name: _____

Designation: _____

Company Stamp:

Note: For further information about Al Ansari Exchange online portal and registration procedures, please refer to www.alansariexchange.com



8. DECLARATION

I/We, _____
(name of the company / Employer) having our registered office at _____
(hereinafter referred to as the company) holding MOL No / Company Code _____
solemnly declare that the information provided in this corporate booklet is correct and latest to the
best of my/our knowledge.

I have verified the details of the below mentioned forms/authorization/agreement and hereby authorize
Al Ansari Exchange to update its records as per the information given in this booklet.

- 1) Registration form for WPS / ESA / Domestic Workers (Page No. 2)
- 2) Letter of Authorization (Page No. 3)
- 3) Wage Payment Agreement, two copies (Page No. 4, 5, 6 & 7)
- 4) Letter of Indemnity for Wages Protection System (WPS) (Page No. 8)
- 5) Questionnaire - AML / CFT Laws and Regulations (Page No. 9)
- 6) Online portal user authorization form (Page No. 10)

Name of Authorized Signatory:

Designation:

Signature:

Date:

Stamp: