

AHED EMERGENCY PLAN APPLICATION FORM

Date:								
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Ahed Emergency Plan is a dedicated initiative designed exclusively for Emirati women, empowering them to build emergency savings and achieve lasting financial security.

Take the first step toward financial freedom. Join us in making a commitment to save and start building wealth.

I commit to saving for my emergency fund and taking control of my financial future.

SECTION A - CUSTOMER PROFILE									
Customer Name:									
As per your registered ID with National Bonds									
Account No.: ID No.:									
SECTION B - SETUP AHED EMERGENCY PLAN									
Please issue Saving Sukuk worth of AED In figures									
in the name of the above mentioned beneficiary on the of each	month, starting on dd/mm/yyyy								
Monthly payments are made through Direct Debit O Direct Debit O S	tanding Order 🔘 Salary Deduction mandate								
I agree to be charged a subscription fee of 0.5% of the withdrawn amount in case of redemption or cancellation of plan before completing 12 monthly payments.									
SECTION C - UPGRADE EXISTING RECURRING PAYMENTS MANDATE TO $\boldsymbol{\mathcal{E}}$	HED EMERGENCY PLAN Ref:								
Monthly Payment Amount AED Payment dat	e: of each month.								
Payment Method	Deduction mandate								
I agree to be charged a subscription fee of 0.5% of the withdrawn amount in ca	se of redemption or cancellation of plan before completing 12 monthly payments.								
SECTION D - CANCEL AN EXISTING PLAN									
SECTION D - CANCEL AN EAISTING FLAN									
I wish to cancel my Ahed Emergency Plan with effect from:									
If next payment due date is within 10 working days from cancellation date, cancellation will happen after next payment.									
SECTION E - CONSENT AND DECLARATION									
I confirm that all the information provided above is true and hereby indemnify National Bonds Corporation Sole Proprietorship P.S.C against any actual loss or damage that may be incurred due to incorrectness of such									
information. I hereby declare that I have read and agree to be bound by the Terms and Conditions set out in a separate document. I agree to provide any additional information and/or supporting documents as and when requested by the Company.									
If there is a change in the circumstances that affects the FATCA/CRS Tax Residency Self-Certification provided above or causes the information provided above to become incomplete or incorrect, I understand that I am obligated to inform The Company of the change in circumstances within 30 days of its occurrence and to provide with suitably updated details.									
□ I have reviewed and herby consent to the terms and conditions available on the company's website which is provided on the	☐ I have reviewed and hereby consent to the Information Memorandum & Master Client Agreement available on the company's website,								
GR code and/or the link below T&C: https://bit.ly/4aeJqEk	provided on the QR code and/or the link below. https://bit.ly/3H3miix								
国際條條	回裡的看影								
PPLICANT SIGNATURE FOR OFFICIAL	USE ONLY								
ate: Signature	Admitted Documents Attached								
Signature	Admitted Jib Verified Jocuments Attached								
ignature:	Sourced By Approved By								
	Name:								
	Signature:								