

SAVING BONDS APPLICATION FORM

Individuals

Ref No.	

SECTION A - CU	USTOM	ER PROF	ILE INFOR	MATION	CUSTOMER DET	AILS - IND	IVIDUAL	/MINOR		
Name:	Mr./ Mrs.	./Ms./						Account No.:		
Nationality:						Gende	Gender:	Male O Female DOB: dd/mm/yyyy		
Place of Birth:						ID Typ	e:	Passport Emirates ID		
ID No.:						ID Exp	iry Date:			
Mobile:						Email	ID:			
CUSTOMER/GU/	ARDIA	N DETAIL	.S							
Name:	Mr./Mrs	./Ms./								
Nationality:				DOB:	dd/mm/yyyy	Place	of Birth:	City Country		
ID Type:			Emirates ID	ID No.:				ID Expiry Date: dd/mm/yyyy		
Relationship w	/ Minor:					Gende	r:	Male Female		
PROFILE & INCO	OME DE	ETAILS (C	USTOMER	/ GUARI	DIAN)					
Source of Incor	me:	Salary	Family	Savings	O Business Prod	ceeds O	Other			
Profession:						Emplo	yer Name	:		
Marital Status:	0	Married	Single			Salary	/ Income	: (Per Month)		
Country of Res	idence:					Years	in Country	of Residence:		
Current Reside	ence	Line 1								
Mailing Addres	SS	Line 1								
(if different than Residence	ce Address):	Line 2								
_	a valid	United Ara	b Emirates (UAE) resid	dency permit/Emirat		tion purpo	eses and need to proceed to Section C)		
No2. Are you a reIf yes, please co				country o	ther than the UAE?	O Yes	O No			
Count	try of Ta	x Residen	ce		TIN			no TIN is available, please state the reason A, B or C. blease outline the reason for being unable to obtain TIN		
Reason B: The	Account	t Holder is	otherwise u	nable to o	sident does not issu btain a TIN ie Country you are o					
SECTION C - UA	AE RES	IDENCY V	VISA HOLE	DER						
Yes (If Yes	, please	answer a 8		mit/Emira	tes ID for five (5) ye	ars or more	?			
(a) Did you ob	tain UA	E tax resid	ency under a	a residency	/ by investment sch	eme?	O Ye	es O No		
						cirio.	○ 16			



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ving amount in figures:	AED Sa	ving amount in words:	
yment Method:			
Cheque*	Credit Card	● Wire Transfer*	Cash
Cheque Number			
Bank			Gift Voucher
Branch			
Date		Date	

AFD

Disclaimer: With effect from 1st January 2018, Services by National Bonds Corporation Sole Proprietorship P.S.C shall be subject to Value Added Tax ("VAT"), as applicable as per the Federal Decree-Law No. (8), 2017 on Value Added Tax ("VAT Law") and Cabinet Decision No. (52), 2017 on the Executive Regulations. In the event of any non-compliance or mis-declaration by the Customer, the Company shall not be held responsible for financial loss (if any) to the Customer. The Company reserves the right to recover VAT from the Customer as may be applicable under the provisions of the VAT Law.

Source of Fund:

CONSENT AND DECLARATION

Total amount payable:

I confirm that all the information provided above are true and hereby indemnify National Bonds Corporation Sole Proprietorship P.S.C against any 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 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.

For Company's Official use only

Distributor Code													
Outlet Code													
Stamp & Signature:	re: Signature Admitted ID is verified & true copy is certified All supporting documents are attached												

Customer Signature, Date								

^{*} Bonds shall be issued only upon realisation of cheque/Fund Transfer.