تعليمهم، مُدَخرٌ له! YOUR CHILD'S EDUCATION: SAVED!

نـــمــوذج طــلــب **Application Form**



" إ**خلاء المسؤولية** "وثيقة التكافل التى تقوم بتوزيعها شركة الصكوك الوطنية (شركة الشخص الواحد مساهمة خاصة) ضمن خطة التعليم تقدمها نور للتكافل لعائلي (ش مع) وتخصع لموافقتها بالشروط والأحكام الموضحة فى وثيقة التكافل المتفق عليها مع المؤمن عليه، حطة التعليم هي منتج من شركة الصكوك الوطنية، يوبليصة اللحافل هي مقد بين العميل ونبر للتكافل العائلي ش مع)، ومن ثم لا تتحمل شركة الصكوك الوطنية، أو في من معقط أو مسؤوليها أو أي من بوطنية أو فديريا أو مسؤولي شركانها النائعة أي مسؤولية قانوية تحاه أي دفعات برائع الصالية التعليم هي منتج من شركة الصكوك الوطنية، بوطنية أو مديريا أو مسؤولي شركانها النائعة أي مسؤولية قانونية تحاه أي دفعات برائع ملكانيات برأة دمام برائع العا بقر مع متعلقة مباشرة أو غير مباشرة بوثيقة التكافل، ويجب أو باسقسار أو مطالبة متعلقة بوثيقة التكافل معاشرة إلى أل

Disclaimer: "The Takaful Policy in National Bonds Corpora by Noor Takaful and is subject to its approval with terms an plan is a product of National Bonds and the Takaful Policy is nor any of its employees, directors or officers nor any empl liable for any payments and/or claims, actions, services and claim related to the Takaful Policy should be addressed dire

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()	الصكوك الوطنية
	NATIONAL BONDS

EDUCATION PLANS Savings Application Form

Ref No.

INSTRUCTIONS FOR FILL								
1. Please complete this appli	cation in Eng	lish and BLOCK CAPITALS			ts of the Plan H	lolder and Covered Me	mber(s).	
Please do not leave any fie 2. Any changes made on the								
Are you an existing custo	mer of Nat	ional Bonds? O Ye	es 🔿 No	If yes, please enter you	ur Customer	Account Number:		
SECTION A: PERSONA	L DETAIL	5						
Title:	O Mr.	O Mrs.	OMiss.	O Dr.	O Other			
First Name:				Family Name:				
Gender:	O Male		⊖ Female	Marital Status:	O Marri	ed OSing	le Other	
Date of Birth:	do	/ mm / yy	Nationality:	Place	e of Birth:	City	Country	
ID Type:	O Emira	es ID OPassport	ID No:			ID Expiry:	dd / mm / yy	
Email ID:					Mobile:			
Current Residence Address:								
Address.								
Mailing Address								
(if different than Residence Address):	Line 2							
Years in Country of Resid								
Source of Income:	O Salary			Family Savings	O Oth			
Salary/Income: Per Month		P	Profession:			Employer Name:		
SECTION B - TAX DEC	LARATIO	N						
Visa Issue Date: No 2. Are you a resident for T If yes, please complete the				Yes	No			
Country of Tax	Residence		TIN	If			ate the reason A, B or C. being unable to obtain TIN	
Reason A: The Country who Reason B: The Account Ho Reason C: No TIN is require	lder is othe	rwise unable to obtain	a TIN		Taxation			
SECTION C - UAE RES		ISA HOLDER						
Is the term of your current	UAE resid	ency permit/Emirates I	D for five (5) yea	ars or more?				
Yes (If Yes, please ans No (If No, please proc								
(a) Did you obtain UAE ta	x residency	v under a residency by	investment sche	eme? O Yes	O No			
(b) In which jurisdiction(s)) have you	been subject to persor	nal income tax du	uring the previous caler	ndar year?			
SECTION D: CONTRIBU	JTION DE	TAILS (AED)						
Saving Plan Tenure Select	ted:	3 to 10 years Transfer from existing Savings Bonds O Fresh Funds AED						
Initial Funds to Start the Education Plan :							(1 Million AED Maximu	m)
Monthly payment method	d:	Direct Debit						
Monthly Education Plan s contribution: Total Direct Debit amoun	-	Saving Amount						
Select Direct Debit Start	Date:	dd / mm / yy		○ 1 st of every month	0 10 th	of every month		

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EDUCATION PLANS Savings Application Form

SECTION E: BASIC TERMS AND DECLARATION

 I confirm that all the information provided above is true and hereby indemnify National Bonds Corporation Sole Proprietorship P.S.C ("the Company") against any loss or damage that may be incurred due to incorrectness of such information. I agree that the Company will issue saving bonds equivalent to the monthly saving contribution. I hereby declare that I have read and agree to be bound by the Saving Bonds Terms and Conditions set out in a separate document and also available on the Company's' website at www.nationalbonds.ae.
 I agree to provide any additional information and/or supporting documents as and when requested by the Company.
 The Education Plan will pay an expected 1% informemental bonus payout calculated on total average contribution post completion of 12 monthly payments or anniversary year (whichever comes later). I have reviewed the calculation of incremental bonus as illustrated on the Company's website and agree that the incremental bonus will be issued as an additional saving bonds to me from the Mudarib's share of profit. The savings bonds will be subject to the saving bonds terms and conditions.
 Any time during the year if I redeem funds/OR cancel the Education Plan, the Company has the right to forfeit the expected bonus for that specific year however in case of partial or full redemption if I continue the Education Plan as long as I continue to make contributions in accordance with the terms set out herein.
 I agree to be charged a subscription fee of 0.5% of the withdrawn amount in case of redemption or the Education Plan will be concellation of 12 monthly payments.
 I authorise the Company to redeem the equivalent amount of Takaful premium payments from my saving bonds with the Company, in order to ensure Takaful Plan continuity. I acknowledge and agree that the Takaful Plan will be cancelled in case the due Takaful Premium cannot be recovered from my saving bonds with the Company, in order to ensure Takaful Plan Plan Terms and Conditions

Prior Terms and Conditions. 7. I agree to notify the Company of any amendment in the direct debit amount, after completion of my Takaful Plan tenure. I acknowledge and I agree that if I fail to make such notification to the Company, I will instead be issued with saving bonds (which will be subject to the Saving Bonds Terms and Conditions) equivalent to the monthly Takaful Premium being paid, until the agreed Education Plan tenure completed. 8. If there is a change in the circumstances that affects the FATCA/CRS 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 appropriately updated details.

Disclaimer: Expected profit payout are based on the yearly Mudaraba pool performance. Bonus will be paid on the sole discretion of Mudarib from Mudarib's profit share.

APPLICANT SIGNATURE FOR OFFICIAL USE ONLY

Date:			
Date:	Signature Admitted	OID Verified	O Documents Attached
Signature:		Sourced By	Approved By
	Name:		
	Signature:		

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