

SECTION A - GRANTOR INFORMATION

Name:	<input type="text" value="Mr./Mrs./Ms."/>	Account No.:	<input type="text"/>
Nationality:	<input type="text"/>	DOB:	<input type="text" value="dd/mm/yyyy"/>
Place of Birth:	<input type="text" value="City"/>	ID Type:	<input type="radio"/> Passport <input type="radio"/> Emirates ID
ID No.:	<input type="text"/>	ID Expiry Date:	<input type="text" value="dd/mm/yyyy"/>
Mobile:	<input type="text"/>	Email ID:	<input type="text"/>

PROFILE & INCOME DETAILS (GRANTOR)

Source of Income:	<input type="radio"/> Salary <input type="radio"/> Family Savings <input type="radio"/> Business Proceeds <input type="radio"/> Other								
Profession:	<input type="text"/>	Employer Name:	<input type="text"/>						
Marital Status:	<input type="radio"/> Married <input type="radio"/> Single	Salary / Income: (Per Month)	<input type="text"/>						
Country of Residence:	<input type="text"/>	Years in Country of Residence:	<input type="text"/>						
Current Residence Address:	<table><tr><td>Line 1</td><td>House/Apt/Suite Name, Number, Street, if any)</td><td>Postal Code/ZIP Code (if any)</td></tr><tr><td>Line 2</td><td>Town/City/Province/County/State)</td><td>Country</td></tr></table>			Line 1	House/Apt/Suite Name, Number, Street, if any)	Postal Code/ZIP Code (if any)	Line 2	Town/City/Province/County/State)	Country
Line 1	House/Apt/Suite Name, Number, Street, if any)	Postal Code/ZIP Code (if any)							
Line 2	Town/City/Province/County/State)	Country							
Mailing Address	<table><tr><td>Line 1</td><td>House/Apt/Suite Name, Number, Street, if any)</td><td>Postal Code/ZIP Code (if any)</td></tr><tr><td>Line 2</td><td>Town/City/Province/County/State)</td><td>Country</td></tr></table>			Line 1	House/Apt/Suite Name, Number, Street, if any)	Postal Code/ZIP Code (if any)	Line 2	Town/City/Province/County/State)	Country
Line 1	House/Apt/Suite Name, Number, Street, if any)	Postal Code/ZIP Code (if any)							
Line 2	Town/City/Province/County/State)	Country							

GRANTEE DETAILS (1)

Name:	<input type="text" value="Mr./Mrs./Ms."/>		
Nationality:	<input type="text"/>	DOB:	<input type="text" value="dd/mm/yyyy"/>
ID Type:	<input type="radio"/> Passport <input type="radio"/> Emirates ID	ID No.:	<input type="text"/>
Relation w/ Minor:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female

GRANTEE DETAILS (2)

Name:	<input type="text" value="Mr./Mrs./Ms."/>		
Nationality:	<input type="text"/>	DOB:	<input type="text" value="dd/mm/yyyy"/>
ID Type:	<input type="radio"/> Passport <input type="radio"/> Emirates ID	ID No.:	<input type="text"/>
Relation w/ Minor:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female

GRANTEE DETAILS (3)

Name:	<input type="text" value="Mr./Mrs./Ms."/>		
Nationality:	<input type="text"/>	DOB:	<input type="text" value="dd/mm/yyyy"/>
ID Type:	<input type="radio"/> Passport <input type="radio"/> Emirates ID	ID No.:	<input type="text"/>
Relation w/ Minor:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female

GRANTEE DETAILS (4)

Name:	<input type="text" value="Mr./Mrs./Ms."/>		
Nationality:	<input type="text"/>	DOB:	<input type="text" value="dd/mm/yyyy"/>
ID Type:	<input type="radio"/> Passport <input type="radio"/> Emirates ID	ID No.:	<input type="text"/>
Relation w/ Minor:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female

GRANTEE DETAILS (5)

Name:	<input type="text" value="Mr./Mrs./Ms."/>		
Nationality:	<input type="text"/>	DOB:	<input type="text" value="dd/mm/yyyy"/>
ID Type:	<input type="radio"/> Passport <input type="radio"/> Emirates ID	ID No.:	<input type="text"/>
Relation w/ Minor:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female

SECTION B - TAX DECLARATION

FATCA: Are you a US Citizen / Resident/Green Card Holder ☐ Yes ☐ No *If yes, please provide your TIN*

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1. Do you hold a valid United Arab Emirates (UAE) residency permit/Emirates ID?

☐ Yes (By selecting this option, you are declaring that you a resident of UAE for taxation purposes and need to proceed to Section C)

Visa Issue Date: Visa Expiry Date:

☐ No

2. Are you a resident for Tax Purposes of any country other than the UAE? ☐ Yes ☐ No

If yes, please complete the table below

Country of Tax Residence	TIN	If no TIN is available, please state the reason A, B or C. If B, please outline the reason for being unable to obtain TIN

Reason A: The Country where the Account Holder is resident does not issue TINs to its residents

Reason B: The Account Holder is otherwise unable to obtain a TIN

Reason C: No TIN is required as per the regulation of the Country you are considered a Resident for Taxation

SECTION C - UAE RESIDENCY VISA HOLDER

Is the term of your current UAE residency permit/Emirates ID for five (5) years or more?

☐ Yes (If Yes, please answer a & b below)

☐ No

(a) Did you obtain UAE tax residency under a residency by investment scheme? ☐ Yes ☐ No

(b) In which jurisdiction(s) have you been subject to personal income tax during the previous calendar year?

SECTION D - CONSENT AND DECLARATION

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.

I, the undersigned, as the Grantor in this application do hereby the following:

- All the funds deposited in the account number mentioned above, are irrevocably gifted by me to the Grantee.
- I hereby confirm that this account is for the sole benefit of the Grantee, and for the purpose of bond purchasing and saving in it for the Grantee, no redemption may be made therefrom, Whether by me or any other person except for the sole purpose of providing for the Grantee.
- I hereby confirm and stipulate that this account shall not be part of the guardianship over the Grantee (if any), therefore the guardian, how so ever appointed, shall have no authority whatsoever over the account.
- I am fully aware that I am not entitled to redeem any bonds purchased in the said account, and only the Grantee upon reaching the majority age of 21 years. The Grantee will be entitled to such funds, with the exception of my right to withdraw from the account for the sole purpose of providing to the Grantee.
- I hereby absolutely and irrevocably discharge National Bonds Corporation Sole Proprietorship PSC, its employees, and directors from any liability, with whatever nature, whether direct or indirect, arising from opening this account.

<p>SCAN FOR T&C</p>  <p><input type="checkbox"/> I have reviewed and hereby consent to the terms and conditions available on the company's website which is provided on the QR code and/or the link below T&C: https://bit.ly/4aeJqEk</p>	<p>SCAN</p>  <p><input type="checkbox"/> I have reviewed and hereby consent to the Information Memorandum & Master Client Agreement available on the company's website, provided on the QR code and/or the link below. https://bit.ly/3H3miix</p>
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APPLICANT SIGNATURE

Date:

Signature:

FOR OFFICIAL USE ONLY

☐ Signature Admitted

☐ ID Verified

☐ Documents Attached

Name:

Signature:

Sourced By

Approved By