

SECTION A - CUSTOMER PROFILE INFORMATION - CUSTOMER DETAILS - INDIVIDUAL/MINOR

Name:

Nationality:

Place of Birth:

ID No.:

Mobile:

Account No.:

Gender: Male Female

DOB:

ID Type: Passport Emirates ID

ID Expiry Date:

Email ID:

CUSTOMER/GUARDIAN DETAILS

Name:

Nationality: DOB:

ID Type: Passport Emirates ID

Relationship w/ Minor:

Account No.:

Place of Birth:

ID Expiry Date:

Gender: Male Female

PROFILE AND INCOME DETAILS OF CUSTOMER/GUARDIAN

Source of Income: Salary Family Savings Business Proceeds Other

Profession:

Marital Status: Married Single

Country of Residence:

Employer Name:

Salary / Income: (Per Month)

Years in Country of Residence:

Current Residence Address:

Mailing Address (if different than Residence Address):

SECTION B - TAX DECLARATION

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

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

Yes (By selecting this option, you are declaring that you are 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 (If No, please proceed to Section D)

(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 - SETUP MYPLAN

Please issue Saving Bonds worth of In figures In words

in the name of the above mentioned beneficiary on the of each month, starting on

Monthly payments are made through Direct Debit Direct Debit Standing 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 E - UPGRADE EXISTING RECURRING PAYMENTS MANDATE TO MYPLAN

Ref:

Monthly Payment Amount Payment date: of each month.

Payment Method Direct Debit Standing 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 F - CANCEL AN EXISTING PLAN

Ref:



I wish to cancel my plan with effect from*:

dd/mm/yyyy

If next payment due date is within 10 working days from cancellation date, cancellation will happen after next payment.

Disclaimer: With effect from 1st January 2018, Services by National Bond 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.

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 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.

For Company's Official use only

Customer Signature, Date

Distributor Code

Outlet Code

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