

INSTITUTION DETAILS

Entity Legal Name:

Account No.:

TRANSACTION DETAILS

Saving amount in figures: AED

Saving amount in words:

Payment Method:

<input checked="" type="radio"/> Cheque*	<input type="radio"/> Credit Card	<input type="radio"/> Wire Transfer*	<input type="radio"/> Cash
<input type="text"/> Cheque Number	<input type="text"/> Card Type	<input type="text"/> Reference Number	<input type="text"/>
<input type="text"/> Bank	<input type="text"/> Card Number	<input type="text"/> Bank	<input type="radio"/> Gift Voucher
<input type="text"/> Branch	<input type="text"/> Expiry mm/yy	<input type="text"/> Branch	<input type="text"/> Voucher Number
<input type="text"/> Date	<input type="text"/> Card Holder Name	<input type="text"/> Date	<input type="text"/> Voucher Amount

Payer Details (if not the same as the Customer)

Total amount payable: AED

Source of Fund:

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

¹ Please refer to the appendix for term definitions while completing the declaration.

CONSENT & DECLARATION

I/We confirm that I/we am/are duly authorized to by the Account Holder to make the consents and declarations on its behalf as set out herein.

The Account Holder confirms all the information above is true and correct and the Account Holder hereby indemnifies National Bonds Corporation Sole Proprietorship P.S.C against any loss or damage that may be incurred due to incorrectness of such information and the Account Holder agrees that National Bonds Corporation Sole Proprietorship P.S.C at its discretion, reserves the right to request further information or supporting documents.

The Account Holder undertakes to advise National Bonds Corporation Sole Proprietorship P.S.C within 30 days of any change in circumstances which affects the tax residency status of the Account Holder and the Controlling Persons.

SCAN FOR T&C

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>

AUTHORISED PERSONS SIGNATURE

Date:

Signature:

Institution Stamp:

FOR OFFICIAL USE ONLY

Signature Admitted

ID Verified

Documents Attached

Name:

Signature:

Sourced By

Approved By