

THIRD PARTY DECLARATION FORM



Date:	<input type="text" value="dd/mm/yyyy"/>	Purchase Value (AED):	<input type="text"/>
Customer name:	<input type="text"/>	CAN:	<input type="text"/>
Payer Name:	<input type="text"/>	Payer EID No.:	<input type="text"/>
Contact Number:	<input type="text"/>	Payer's Employer:	<input type="text"/>
Payer's Profession:	<input type="text"/>	Payer's Signature:	<input type="text"/>
Payer's CAN: <small>(if applicable):</small>	<input type="text"/>	Purpose of Transaction:	<input type="text"/>
Source of Fund:	<input type="text"/>		
Relationship With Customer:	<input type="text"/>		
Payment type:	<input type="radio"/> A-Cheque <input type="radio"/> B- Bank Transfer <input type="radio"/> C-Credit Card <input type="radio"/> D- Cash <input type="radio"/> E- Direct Debit		

SECTION A - CHEQUE PAYMENT:

Payer Name:	<input type="text"/>	IBAN No.:	<input type="text"/>
Bank Name:	<input type="text"/>	Cheque Number:	<input type="text"/>

SECTION B - BANK TRANSFER:

Payer Name:	<input type="text"/>	IBAN No.:	<input type="text"/>
Bank Name:	<input type="text"/>		

SECTION C - CREDIT CARD PAYMENT:

Card Holder Name:	<input type="text"/>	Card Number:	<input type="text"/>
Issuer Bank Name:	<input type="text"/>	Card Expiry Date:	<input type="text"/>

SECTION D - CASH PAYMENT:

Payer Name:

SECTION E - DIRECT DEBIT:

Payer Name:	<input type="text"/>	IBAN No.:	<input type="text"/>
Bank Name:	<input type="text"/>	DD Reference:	<input type="text"/>

DECLARATION

I/we the undersigned hereby certify that the above information given are true and correct as to the best of my knowledge

FOR NBC OFFICIAL USE ONLY:

If the payer is not a family member of the National Bonds customer, compliance approval is mandatory.

Verified By:	<input type="text"/>	Id Number:	<input type="text"/>	Signature:	<input type="text"/>
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