

THIRD PARTY DEPOSIT FORM - HIBA

Payment type: A-Cheque B- Bank Transfer C-Credit Card D- Cash

Date: Purchase Value (Aed):

Customer name: Nbc Customer Account Number:

SECTION A - CHEQUE PAYMENT:

Payer Name: Account Number:

Bank Name: Cheque Number:

Relationship With Customer:

SECTION B - BANK TRANSFER PAYMENT:

Payer Name: Account Number:

Bank Name: Branch Name :

Relationship With Customer:

SECTION C - CREDIT CARD PAYMENT:

Card Holder Name: Card Number:

Issuer Bank Name: Card Expiry Date:

Relationship With Customer:

SECTION D - CASH PAYMENT:

Payer Name: Relationship With Customer:

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

PAYER DETAILS:

Payer Name: Contact Number: Payer's Profession:

Payer's Employer: Payer's Can (if applicable): Payer's Signature:

Source of Fund: Purpose of Transaction:

DECLARATION:

I hereby confirm that:

- I understand that the amount gifted under this declaration is non refundable & i will not have any right to recall/request the amount under any circumstances.
- Account is controlled only by the granter, and only the granter can redeem any amount from the account for the benefit of the Minor.
- I have no rights to redeem or claim the amount gifted by me or any other amount from the account.

FOR NBC OFFICIAL USE ONLY:

Verified By: Id Number: Signature: