

Date

Branch _____

 The Manager,
 Emirates Islamic

Please provide me/us with the following services and consider this as an authority to debit my/our account for all the related charges where applicable.

Name _____

 Account Number

Documents Required (tick box)		Charges (AED)
<input type="checkbox"/>	Current Month Statement	
<input type="checkbox"/>	Statement of Account From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <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="checkbox"/>	Statement of Account Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Debit <input type="checkbox"/> Credit	
<input type="checkbox"/>	Account Balance Confirmation Addressed to _____	
<input type="checkbox"/>	No Liability Clearance Certificate Addressed to _____	
<input type="checkbox"/>	Mortgage Release Letter	
<input type="checkbox"/>	Liability Certificate Addressed to _____	
<input type="checkbox"/>	Reference/Introduction Letter Addressed to _____	
<input type="checkbox"/>	Replacement of Debit Card Reason _____	
<input type="checkbox"/>	Linking of Accounts on Debit Card Primary Account Number <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> Secondary Account Number <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/>	Cheque Book Request Number of Cheque Books required _____ <input type="checkbox"/> 25 Leaves <input type="checkbox"/> 50 Leaves Method of collection <input type="checkbox"/> Courier <input type="checkbox"/> Self <input type="checkbox"/> Authorised Representative*	
Total Charges		

Segment/Package Change Request	From	To
Segment Change Request		
Sub-Segment Change Request		
Package Change Request		

 Please update my address/contact details as follows:

P. O. Box _____ Emirate _____

Email _____

Office Telephone _____ Mobile Number _____

Statement required (You have been automatically enrolled for e-Statement. Please tick the option if you require physical statement)

 e-Statement (on registered email address) Printed Statement (Optional and charges will be applied as per SOC)

 Statement Frequency: (if not selected, "Monthly" Frequency will be selected in the system) Monthly Quarterly Half Yearly

Declaration

I/we understand that the requested documents will be ready within two to seven working days from the above date. I/we further understand that my/our account will be debited with the related charges including, but not limited to, an amount charged in respect of any applicable Value Added Tax or any other similar sales tax (VAT) regardless of collection and the document/s will be destroyed if not collected within two weeks from the above date. I/We agree that the services requested will be governed by Bank's General Terms and Conditions.

*For third party delivery, separate authorisation providing ID details of the authorised recipient to be provided by customer. Destruction of uncollected Cheque Book(s) & mailing requirement shall be in accordance to the Bank's prevailing rules and tariffs. Upon receiving the Cheque Book(s) from the branch or through the mail/courier service, you are requested to count the Cheque leaves immediately to ensure that no Cheque leaf is missing or duplicated in the Cheque Book. Please contact your branch immediately if any Cheque leaf is missing or duplicated in the Cheque Book.

Customer's Signature(s) _____

Customer's Signature(s) (on acknowledgement, if applicable) _____

Office Use Only

Request Received by	Signature Verified by	Input by	Authorised by
Date issued	Cheque Book series issued		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	