

Branch \_\_\_\_\_

 Date 

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| Y | Y | Y | Y |
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 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 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Documents Required (tick box)  | Charges (AED) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Current Month Statement   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Statement of Account<br>From <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D             | D | M | M | Y | Y | Y | Y | D | D | M | M | Y | Y | Y | Y |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D  | D             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M  | M             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Y  | Y             | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D  | D             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M  | M             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Y  | Y             | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Statement of Account<br>Date <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>M</td><td>M</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Amount <input type="checkbox"/> Debit <input type="checkbox"/> Credit   | D             | D | M | M | Y | Y | Y | Y |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D  | D             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M  | M             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Y  | Y             | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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<br>Primary Account Number <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br>Secondary Account Number <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Cheque Book Request<br>Number of Cheque Books required _____ <input type="checkbox"/> 25 Leaves <input type="checkbox"/> 50 Leaves<br>Method of collection <input type="checkbox"/> Courier <input type="checkbox"/> Self <input type="checkbox"/> Authorised Representative*   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Total Charges</b>   |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| 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/Makani Number \_\_\_\_\_ Unit/Office/Villa Number \_\_\_\_\_

Building Name \_\_\_\_\_ Street Name/Area \_\_\_\_\_

City/Country \_\_\_\_\_ Email Address \_\_\_\_\_

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 and the Bank's Schedule of Charges.

\*For third party delivery, separate authorisation providing ID details of the authorised recipient to be provided by customer. Destruction of uncollected Cheque Book(s) through the branch or regular mail/express courier service shall be in accordance with 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 |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
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| D  | D                         |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| M  | M                         |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Y  | Y                         | Y        | Y             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| D  | D                         |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| M  | M                         |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Y  | Y                         | Y        | Y             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| D  | D                         |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| M  | M                         |          |               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Y  | Y                         | Y        | Y             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

Note: Issuance of Liability letter takes from 30 to 45 working days

Transactions are Governed by the Bank's General Terms and Conditions.

Emirates Islamic is a registered brand name of Emirates Islamic Bank PJSC

الإمارات الإسلامية هو العلامة التجارية المسجلة لمصرف الإمارات الإسلامية ش.م.ع.