Emirates NBD Bank (PJSC)
The Manager

Account Title/Name

Date

The Manager

Bank Name

Account Title/Name

Date

IMPORTANT INSTRUCTIONS

1. Any cancellation or amendment to this original request should be submitted in writing.
2. If you have any queries, you may please contact us on 600 54 0009.

I/We authorise Emirates NBD Call Centre to provide information relating to our Account numbers for the above mentioned CIF number.

Name of authorized caller

Mobile number

Email ID

Please arrange to discontinue providing information relating to my/our Account numbers listed below to the following person:

Name of authorized caller

Mobile number

Email ID

TERMS AND CONDITIONS

I/We agree and confirm that:

1. I/We are authorized to operate the Accounts referred to herein.
2. I/We understand that the Bank shall have the absolute right to exercise its discretion in providing or withholding any information from the authorized caller.
3. I/We understand that the Bank takes no responsibility for the information divulged to the said caller and I/We fully and expressly waive and discharge the Bank from any and all liability and claims arising in this regard.
4. This authority to remain in force until cancelled by me/any of us by giving notice in writing. I/We understand that such notice will be effective only after 3 (three) working days subsequent to the day on which I/We have given such notice.
5. I/We agrees and authorized the Bank to act upon the verbal instructions of my/lour representative mentioned above. I/We authorize the Bank to record the call of the my/lour representative and use the same as an evidence before the competent courts.
6. The Terms and Conditions of the mandate shall be governed by and construed in accordance with UAE laws, and I/We irrevocably submit to the non-exclusive jurisdiction of the civil courts of Dubai.
7. I/We confirm that I/We have read and understood the Terms and Conditions detailed above and I/We confirm acceptance of all the Terms and Conditions governing this service.

I/We hereby authorize the authorized caller to request for account statements by fax. I/We understand and agree that the authorized caller can enter any fax number for receiving such faxed statements.

Authorised Signatory

Authorization:

FOR BANK USE ONLY

Received:

Authorized:

Activated:

Date

Initials

04.13