

# Missing Payment Form

Please state as fully and accurately as possible the information asked for hereunder and fax or mail as below.

Primary Customer's Name: \_\_\_\_\_

Do you have:  Visa

MasterCard

Quick Cash

(Please fill for all existing relationship as applicable)

Tel. (Off.): \_\_\_\_\_ Extn. \_\_\_\_\_ Fax: \_\_\_\_\_

Tel. (Res.) \_\_\_\_\_ Mobile:( \_\_\_\_\_ ) \_\_\_\_\_

## Please specify missing payment details

Type:  Cash  Cheque

Channel:  Branch  Exchange  Mail  Cash Deposit Machine

Payment: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

Exchange/Bank name: \_\_\_\_\_ Location: \_\_\_\_\_ Receipt no.: \_\_\_\_\_

If cheque: Cheque no.: \_\_\_\_\_

Drawn on (Bank name): \_\_\_\_\_ Branch: \_\_\_\_\_

Cleared:  Yes  No (if yes, please provide your other bank statement as proof as the date the cheque has been cleared)

## Please provide any further details about the payment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorisation

I hereby authorise Dubai First to update details on the instructions provided vide facsimile or such other mode of communication approved by Dubai First from time to time.

I hereby declare that the information provided in this instruction is true and correct and undertake to advise Dubai First about any subsequent changes in respect there to.

I also agree that documents presented to Dubai First will remain the property of the company.

I do hereby affirm and declare that the above statements are in all respects true and complete and are made without reservation of any kind and in accordance with the terms, conditions, provisions and exceptions of the Policy arranged by Dubai First.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DD MM YY

Please fax this application to 04-506 8422

Terms and conditions apply.

## For Dubai First use only:

Date: \_\_\_\_\_  
DD MM YY

Documents received from customer:  Statement  Receipt  Others (please specify): \_\_\_\_\_

Name & Signature of Customer Services Officer: \_\_\_\_\_