dubai first
you're always first

Closure Form

Please tick the applicable ☐ Immediately (or) ☐ Date: ____/____/____ DD MM YY

Please specify what products to close

a) Credit Card no.

1. | | | | | | | | | | | | | | | | 2. | | | | | | | | | | | | | | | |

3. | | | | | | | | | | | | | | | | 4. | | | | | | | | | | | | | | | |

b) Quick Cash account no. _____

Please specify reasons for closure

- ☐ I am not satisfied with the charges/fee
- ☐ I want a free card/other banks offer free cards
- ☐ I have more than one/enough cards
- ☐ I am not satisfied with the credit limit offered
- ☐ I am not satisfied with the service provided
- ☐ My request was denied for upgrade/limit increase
- ☐ Other cards have better benefits/features
- ☐ I am leaving the UAE permanently
- ☐ Frequent problem while using my credit card
- ☐ Inaccurate product information
- ☐ I want to control my spending
- ☐ Not much usage/prefer cash transactions
- ☐ Any other reasons: _____

_____

Authorisation

I am aware that I need to present all cancelled card(s) to Dubai First. I am also aware that any closure request received in respect of a primary card shall result in the subsequent cancellation of my supplementary card as well. I acknowledge and agree that I am liable to Dubai First for all further monies debited to my card account and for all unbilled finance charges, late payment charges and such other transactions and do hereby agree to be liable to pay all outstanding amounts that are due as on the date of closure including the early settlement fee in the event of pre-payment of a Quick Cash account.

I am also aware that Clause 8 of the Dubai First Terms and Conditions regarding termination shall become operative immediately. All/any sales plan (EPP/BT or LOP) will be cancelled with immediate effect on the date of closure of the card. Dubai First declares that all/any transactions that may be disputed/in lieu of dispute shall be reviewed on receipt of this closure and the card shall not be closed until such dispute is settled.

I enclosed all cards cut into two: ☐ Yes ☐ No

Name: _____

Address: _____

Tel: _____ Mobile: _____

Customer Signature

Please sign within this signature box

Date: ____/____/____ DD MM YY

For Dubai First use only

Customer closure letter received on: _____

Cards/Quick Cash account closed on: _____

Name, date and signature of officer: _____

May, 08

Please fax this form to: 04-506 8422
Dubai First card centre: PO Box 111656, Dubai, UAE.

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