

Missing Payment Form

Please state as fully and accurately as possible the information asked for hereunder and Email as below.

Primary Customer's Name: _____

Du you have: Visa

Mastercard

Loan

(Please fill for all existing relationship as applicable)

Tel. (Off.): _____ Extn. _____ Fax: _____
Tel. (Res.): _____ Mobile: (_____) _____

Please specify missing payment details

Type: Cash Cheque Online Transfer

Channel: Service Desk Exchange Mail Cash Deposit Machine Bank Transfer

Payment: Date: _____ Time: _____ Amount: _____
Exchange/Bank name: _____ Location: _____ Receipt no.: _____
Bank Transfer Reference No. _____ Webpay Transaction Reference 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 First Abu Dhabi Bank (FAB) to update details on the instructions provided vide facsimile or such other mode of communication approved by FAB from time to time.

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

I also agree that documents presented to FAB 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 FAB.

Customer's Signature: _____ Date: ____/____/____
DD MM YY

Email this application to contactus@dubaifirst.com Terms and conditions apply

For official use only:

Date: ____/____/____
DD MM YY

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

Name & Signature of Customer Services Officer: _____