

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	AHMED ALI AHMED ABDULLA ALMULLA																
CPR No.	7	0	1	1	0	5	4	7	0	Account / Customer No.	1	5	0	7	5	3	
Mobile 1	33822558								Mobile 2	66663656							

Flat No.	11	Start Collection Date:	Day	Month	Year												
Building No.	1700		0	1	1	0	2	0	1	9							
Road No.	5355	Beneficiary Contribution (BD)								10							
Block No.	353	MOH Subsidy (BD)								15							
Location	Burhama	Tenor (months)								120							
Payment method	Standing Order								Co. Code	1							

Alternative Payer

Name of Customer	-														
CPR No.								Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	NAJAT ALI MOHAMED SAIF																
CPR No.	6	3	0	1	0	2	3	7	6	Account / Customer No.	1	4	9	6	9	9	
Mobile 1	33933537								Mobile 2								

Flat No.	12		Start Collection Date:	Day		Month		Year								
Building No.	1700		0	1	1	0	2	0	1	9						
Road No.	5355		Beneficiary Contribution (BD) 10													
Block No.	353		MOH Subsidy (BD) 15													
Location	Burhama		Tenor (months) 120													
Payment method			Deduction List									Co. Code	4297			

Alternative Payer

Name of Customer	-														
CPR No.								Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
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Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1700-APT-13-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 13

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Operation Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

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Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1700-APT-14-VACANT							
CPR No.					Account / Customer No.			
Mobile 1					Mobile 2			

Flat No.	14	Start Collection Date:	Day	Month	Year					
Building No.	1700		0	1	1	0	2	0	1	9
Road No.	5355	Beneficiary Contribution (BD) 0								
Block No.	353	MOH Subsidy (BD) 25								
Location	Burhama	Tenor (months) 120								
Payment method		Co. Code								

Alternative Payer

Name of Customer								
CPR No.					Alternative Payer Individual Id			

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
	1	2	3		1	2	3
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
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Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | AYSHA SALEH EBRAHIM SALEH

CPR No. | 7 2 1 0 0 0 5 9 2

Account / Customer No. | 1 5 0 0 1 3

Mobile 1 | 36991996

Mobile 2 |

Flat No. | 15

Start Collection Date | Day Month Year
0 1 1 0 2 0 1 9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Alternative Payer

Name of Customer | WALEED KHALID ABDULLA SADEQ NAJEM

CPR No. | 9 5 0 9 0 8 7 2 0 | Alternative Payer Individual Id | 1 5 0 0 1 4

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	FAEZA AHMED KHAMIS RABEEA ALDOSERI																
CPR No.	7	4	0	4	0	9	6	6	2	Account / Customer No.	1	4	9	8	5	6	
Mobile 1	34137877								Mobile 2								

Flat No.	16	Start Collection Date:	Day	Month	Year								
Building No.	1700		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Deduction List				Co. Code	1							

Alternative Payer

Name of Customer	EBRAHIM HASAN ABDULLA ABDULAZIZ															
CPR No.	8	4	0	4	0	7	8	7	4	Alternative Payer Individual Id	1	5	0	5	5	5

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MUSTAFA ISA ZAID ALI SALEH

CPR No. | 8 0 0 5 1 0 7 4 7

Account / Customer No. | 1 4 9 7 6 5

Mobile 1 | 33085484

Mobile 2 |

Flat No. | 21

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4030

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	NOORA KHALED AHMED EBRAHIM ALMALOOD															
CPR No.	8	8	1	2	0	7	4	6	2	Account / Customer No.	1	4	9	7	4	0
Mobile 1	36907007								Mobile 2							

Flat No.	22	Start Collection Date:	Day	Month	Year									
Building No.	1700		0	1	1	0	2	0	1	9				
Road No.	5355	Beneficiary Contribution (BD)								10				
Block No.	353	MOH Subsidy (BD)								15				
Location	Burhama	Tenor (months)								120				
Payment method	Deduction List								Co. Code	4028				

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1700-APT-23-VACANT
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CPR No.	_____	Account / Customer No.	_____
---------	-------	------------------------	-------

Mobile 1	_____	Mobile 2	_____
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Flat No.	23	Start Collection Date:	Day	Month	Year
Building No.	1700		0	1	1
Road No.	5355		0	2	0
Block No.	353		1	0	9
Location	Burhama		Beneficiary Contribution (BD) 0		
			MOH Subsidy (BD) 25		
			Tenor (months) 120		
			Payment method Co. Code		

Alternative Payer

Name of Customer	_____
------------------	-------

CPR No.	_____	Alternative Payer Individual Id	_____
---------	-------	---------------------------------	-------

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year
	_____	_____	_____

Operation Department

Date Posted	Day	Month	Year
	_____	_____	_____

Name: -----
Signature: -----

Name: -----
Signature: -----

Department:	PMD	Ref No:	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1700-APT-24-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 24

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Operation Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ABDULRAHIM ABDULLA ABDULRAHIM															
CPR No.	6	5	0	1	2	2	8	7	9	Account / Customer No.	1	4	9	7	4	3
Mobile 1	39894040								Mobile 2							

Flat No.	25	Start Collection Date:	Day	Month	Year			
Building No.	1700	0	1	1	0			
Road No.	5355	2	0	1	9			
Block No.	353	10						
Location	Burhama	MOH Subsidy (BD)	15					
		Beneficiary Contribution (BD)	120					
		Tenor (months)						
		Payment method	Deduction List	Co. Code	4510			

Alternative Payer

Name of Customer	-														
CPR No.									Alternative Payer Individual Id						

Prepared By

Checked By

Head of Property Management

Retail Banking Department			Operation Department				
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:					Name:		
Signature:					Signature:		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MOHAMED AHMED ALI HUSAIN ALDOSERI

CPR No. | 8 | 1 | 0 | 5 | 0 | 6 | 4 | 3 | 2

Account / Customer No. | 1 | 4 | 9 | 7 | 6 | 2

Mobile 1 | 33399903

Mobile 2 |

Flat No. | 26

Start Collection Date | Day | Month | Year
0 | 1 | 1 | 0 | 2 | 0 | 1 | 9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Stop Payment | Co. Code | 3900

Alternative Payer

Name of Customer | -

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
Page	1 of 1

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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MARYAM ABDULRAZAQ MOHAMED SALEH

CPR No. | 8 0 1 1 1 1 5 4 4

Account / Customer No. | 1 4 9 6 9 7

Mobile 1 | 36607403

Mobile 2 |

Flat No. | 31

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Alternative Payer

Name of Customer | ABDULRAZZAQ MOHAMMED SALEH BILAL

CPR No. | 5 7 0 0 5 3 7 2 2 | Alternative Payer Individual Id | 1 0 4 8 9 8

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: _____

Name: _____

Signature: _____

Signature: _____

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | ABDULLA HAMAD KHAMIS ALTHAWADI

CPR No. | 5 5 0 2 2 0 0 7 0

Account / Customer No. | 1 4 9 6 9 8

Mobile 1 | 36107585

Mobile 2 |

Flat No. | 32

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Name of Customer | JASSIM AHMED JASSIM BUSAIBA

CPR No. | 7 3 0 5 0 0 8 4 5 | Alternative Payer Individual Id | 1 1 9 7 7 1

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

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	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | FATIMA ABDULWAHAB ALI MOHAMED

CPR No. | 8 2 0 9 0 1 4 7 4

Account / Customer No. | 1 4 9 7 7 3

Mobile 1 | 66666309

Mobile 2 |

Flat No. | 33

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 3900

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ABDULHAKEM KAMEL MOHAMED ALQURASHI															
CPR No.	6	5	0	0	0	4	1	7	5	Account / Customer No.	1	4	9	7	6	9
Mobile 1	33003044								Mobile 2							

Flat No.	34	Start Collection Date:	Day	Month	Year								
Building No.	1700		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Deduction List				Co. Code		4263						

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ABDULRAHMAN FAISAL MUBARAK ALDOSARY															
CPR No.	7	6	0	6	3	8	7	2	1	Account / Customer No.	1	5	0	0	5	8
Mobile 1	33301154								Mobile 2							

Flat No.	35	Start Collection Date:	Day	Month	Year						
Building No.	1700		0	1	1	0	2	0	1	9	
Road No.	5355	Beneficiary Contribution (BD)							10		
Block No.	353	MOH Subsidy (BD)							15		
Location	Burhama	Tenor (months)							120		
Payment method	Post dated checks				Co. Code	1					

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	NUHA SALMAN SAAD BUROWAIH																
CPR No.	6	5	1	0	0	1	4	8	0	Account / Customer No.	1	4	9	6	9	5	
Mobile 1	33933152								Mobile 2								

Flat No.	36	Start Collection Date:	Day	Month	Year								
Building No.	1700		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Deduction List				Co. Code	1							

Alternative Payer

Name of Customer	ALI YUSUF ALI ALHERMESI ALHAJERI															
CPR No.	7	0	0	7	0	5	1	9	8	Alternative Payer Individual Id	1	2	2	3	2	3

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1700-APT-41-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 41

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Effective Date:	9-Jul-19	Review Date:
		8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1700-APT-42-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 42

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | SUHAIR ALI MOHAMED RABEEA

CPR No. | 6 7 0 1 0 5 4 8 1

Account / Customer No. | 1 4 9 7 3 5

Mobile 1 | 33006614

Mobile 2 |

Flat No. | 43

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4030

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | RUQAYA MOHAMED KHALIFA MOHAMED

CPR No. | 8 2 0 8 0 6 9 2 7

Account / Customer No. | 1 4 9 7 0 0

Mobile 1 | 33370754

Mobile 2 |

Flat No. | 44

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Name of Customer | KHALIFA MOHAMED KHALIFA ALMUHAIZEA

CPR No. | 8 6 0 4 0 6 9 5 4 | Alternative Payer Individual Id | 1 3 6 2 4 7

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22	
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1700-APT-45-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 45

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | YASER ABDULRAHMAN MUBARAK ALDOSERI

CPR No. | 6 4 0 4 0 6 5 0 5

Account / Customer No. | 1 4 9 7 5 5

Mobile 1 | 33909073

Mobile 2 |

Flat No. | 51

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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	Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | NOOREYA ISA AHMED MAREI

CPR No. | 7 3 0 1 0 4 0 5 2

Account / Customer No. | 1 4 9 7 4 7

Mobile 1 | 36600766

Mobile 2 |

Flat No. | 52

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 3900

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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	Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1700-APT-54-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 54

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method |

Co. Code |

Name of Customer |

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

-----| Head of Property Management |-----

Retail Banking Department

Date Posted	Day	Month	Year				

Name: -----

Signature: -----

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Signature: -----

Department: PMD

Ref No: FRM/PM/17

Approved by: RMC

Version: 1.1

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Effective Date: 9-Jul-19

Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1700-APT-55-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 55

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method |

Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Operation Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Ref No:	FRM/PM/17
Version: 1.1	Effective Date: 9-Jul-19
	Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	DANA KHALID ALI AHMED MOHAMED HASAN						
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CPR No.	8 5 0 6 0 0 5 8 8	Account / Customer No.	1 4 9 7 5 9
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Mobile 1	38882031	Mobile 2	
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Flat No.	56	Start Collection Date:	Day	Month	Year
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Building No.	1700	0 1 1 0 2 0 1 9			
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Road No.	5355	Beneficiary Contribution (BD)	10
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Block No.	353	MOH Subsidy (BD)	15
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Location	Burhama	Tenor (months)	120
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Payment method	Deduction List	Co. Code	1
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Alternative Payer

Name of Customer	EBRAHIM ABDULRAHIM ABDULLA HATTAB						
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CPR No.	8 4 0 5 0 2 1 7 6	Alternative Payer Individual Id	1 4 9 7 6 0
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Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year

Operation Department

Date Posted	Day	Month	Year

Name: _____

Name: _____

Signature: _____

Signature: _____

Department:	PMD
Approved by:	RMC
Page	1 of 1

Ref No:	FRM/PM/17
Version:	1.1
Effective Date:	9-Jul-19
Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | ZAHRA MOHAMED ABDULAAL FAHAD

CPR No. | 6 4 0 4 0 0 6 9 8

Account / Customer No. | 1 4 2 0 6 2

Mobile 1 | 39049414

Mobile 2 |

Flat No. | 61

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Name of Customer | ABDULLA ALI ABDULLA ALHASAN

CPR No. | 6 6 0 8 0 2 6 5 1 | Alternative Payer Individual Id | 1 4 2 0 7 3

Prepared By

Checked By

-----| Head of Property Management | -----

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department: PMD
Approved by: RMC
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Effective Date: 9-Jul-19
Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	FAWZEYA MOHAMED YUSUF KHALID																
CPR No.	8	7	1	2	1	4	4	9	0	Account / Customer No.	1	4	9	7	7	4	
Mobile 1	33313387								Mobile 2								

Flat No.	62	Start Collection Date:	Day	Month	Year								
Building No.	1700		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Post dated checks				Co. Code	1							

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | DEENA SALEH QASIM MOHAMED ALMUTAWA

CPR No. | 7 2 1 2 0 7 2 2 7

Account / Customer No. | 1 4 9 7 4 9

Mobile 1 | 36333640

Mobile 2 |

Flat No. | 71

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Alternative Payer

Name of Customer | -

CPR No. | | | | | | | | Alternative Payer Individual Id | | | | | |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Page	1 of 1	Review Date: 8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	505	1700

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | BASMA A.AZIZ EBRAHIM AHMED BUHAZAA

CPR No. | 8 2 0 8 0 7 9 3 1

Account / Customer No. | 1 4 9 6 8 3

Mobile 1 | 34049594

Mobile 2 |

Flat No. | 72

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1700

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Name of Customer | SAUD ABDULAZIZ EBRAHIM AHMED BUHAZA

CPR No. | 8 7 1 1 0 5 1 1 0

Alternative Payer Individual Id | 1 4 9 6 8 4

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	SEDDIQA EBRAHIM AHMED HUSAIN AHMED																
CPR No.	6	2	1	2	0	3	4	0	8	Account / Customer No.	1	5	0	7	6	8	
Mobile 1	39694464								Mobile 2	17742900							

Flat No.	11	Start Collection Date:	Day	Month	Year							
Building No.	1706	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD) 10										
Block No.	353	MOH Subsidy (BD) 15										
Location	Burhama	Tenor (months) 120										
Payment method	Deduction List				Co. Code				4297			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1706-APT-12-VACANT							
CPR No.					Account / Customer No.			
Mobile 1					Mobile 2			

Flat No.	12	Start Collection Date:	Day	Month	Year					
Building No.	1706		0	1	1	0	2	0	1	9
Road No.	5355	Beneficiary Contribution (BD)							0	
Block No.	353	MOH Subsidy (BD)							25	
Location	Burhama	Tenor (months)							120	
Payment method		Co. Code								

Alternative Payer

Name of Customer								
CPR No.					Alternative Payer Individual Id			

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1706-APT-13-VACANT							
CPR No.					Account / Customer No.			
Mobile 1					Mobile 2			

Flat No.	13	Start Collection Date:	Day	Month	Year					
Building No.	1706		0	1	1	0	2	0	1	9
Road No.	5355	Beneficiary Contribution (BD)							0	
Block No.	353	MOH Subsidy (BD)							25	
Location	Burhama	Tenor (months)							120	
Payment method		Co. Code								

Alternative Payer

Name of Customer								
CPR No.					Alternative Payer Individual Id			

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
	1	2	3		1	2	3
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | EMAN HAMAD MOHAMED BUZAID

CPR No. | 7 2 0 9 0 5 6 1 3

Account / Customer No. | 1 5 0 4 6 8

Mobile 1 | 33328085

Mobile 2 | 39292519

Flat No. | 14

Start Collection Date | Day Month Year
0 1 1 0 2 0 1 9

Building No. | 1706

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4028

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1706-APT-15-VACANT														
CPR No.								Account / Customer No.							
Mobile 1								Mobile 2							

Flat No.	15	Start Collection Date:	Day	Month	Year					
Building No.	1706		0	1	1	0	2	0	1	9
Road No.	5355	Beneficiary Contribution (BD)							0	
Block No.	353	MOH Subsidy (BD)							25	
Location	Burhama	Tenor (months)							120	
Payment method		Co. Code								

Alternative Payer

Name of Customer															
CPR No.								Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1706-APT-16-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 16

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1706

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method |

Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Operation Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
Page	1 of 1

Ref No:	FRM/PM/17
Version: 1.1	Effective Date: 9-Jul-19
	Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOHAMED ABDULAZIZ NASER ABDULAZIZ ALQALLAF															
CPR No.	8	6	0	1	0	2	2	5	4	Account / Customer No.	1	5	0	4	7	3
Mobile 1	33034923								Mobile 2							

Flat No.	22	Start Collection Date:	Day	Month	Year			
Building No.	1706	0	1	1	0			
Road No.	5355	2	0	1	9			
Block No.	353	10						
Location	Burhama	MOH Subsidy (BD)	15					
		Beneficiary Contribution (BD)	120					
		Tenor (months)		Deduction List	Co. Code	3900		

Alternative Payer

Name of Customer	-											
CPR No.	_____				Alternative Payer Individual Id				_____			

Prepared By

Checked By

Head of Property Management

Retail Banking Department			Operation Department				
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:	-----		Name:	-----			
Signature:	-----		Signature:	-----			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	SHARIFA EBRAHIM JASIM ALOTHMAN ALDOSERI																
CPR No.	8	9	0	1	0	1	6	3	9	Account / Customer No.	1	5	0	7	4	8	
Mobile 1	32233328								Mobile 2	37777622							

Flat No.	23	Start Collection Date:	Day	Month	Year								
Building No.	1706		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Deduction List				Co. Code	1							

Alternative Payer

Name of Customer	EBRAHIM JASIM HUMOOD MUHANA ALOTHMAN ALDOSERI															
CPR No.	5	4	0	1	2	1	3	8	0	Alternative Payer Individual Id	1	5	0	7	1	5

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOHAMED ABDULAZIZ SALEH ALSALEH																
CPR No.	6	3	0	1	0	1	7	9	5	Account / Customer No.	1	5	0	4	9	9	
Mobile 1	33883166								Mobile 2	39293502							

Flat No.	24	Start Collection Date:	Day Month Year
Building No.	1706		0 1 1 0 2 0 1 9
Road No.	5355	Beneficiary Contribution (BD)	10
Block No.	353	MOH Subsidy (BD)	15
Location	Burhama	Tenor (months)	120
Payment method	Deduction List		Co. Code
			4297

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	NAYLA KHALIFA DUAIJ KHALIFA RASHED ALZAYED																
CPR No.	8	0	0	6	0	6	3	5	3	Account / Customer No.	1	5	0	5	2	7	
Mobile 1	36680899								Mobile 2	33193435							

Flat No.	25	Start Collection Date:	Day	Month	Year							
Building No.	1706	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD) 10										
Block No.	353	MOH Subsidy (BD) 15										
Location	Burhama	Tenor (months) 120										
Payment method	Deduction List				Co. Code				1			

Alternative Payer

Name of Customer	DUAIJ KHALIFA DUAIJ KHALIFA RASHED ALZAYED															
CPR No.	7	9	0	3	0	5	8	8	7	Alternative Payer Individual Id	1	5	0	5	1	0

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1706-APT-26-VACANT							
CPR No.					Account / Customer No.			
Mobile 1					Mobile 2			

Flat No.	26	Start Collection Date:	Day	Month	Year
Building No.	1706		0	1	1
Road No.	5355	Beneficiary Contribution (BD) 0			
Block No.	353	MOH Subsidy (BD) 25			
Location	Burhama	Tenor (months) 120			
Payment method		Co. Code			

Alternative Payer

Name of Customer							
CPR No.					Alternative Payer Individual Id		

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:	-----			Name:	-----		
Signature:	-----			Signature:	-----		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | SANAITA ALI EBRAHIM MOHAMED

CPR No. | 7 4 0 8 0 2 9 6 8

Account / Customer No. | 1 5 0 4 8 6

Mobile 1 | 39229841

Mobile 2 | 33901202

Flat No. | 31

Start Collection Date | Day Month Year
0 1 1 0 2 0 1 9

Building No. | 1706

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Alternative Payer

Name of Customer | EBRAHIM ALI EBRAHIM MOHAMED

CPR No. | 7 3 0 9 0 2 8 3 8 | Alternative Payer Individual Id | 1 5 0 4 7 2

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	HIBA SHAHEEN MALALLA SHAHEEN ABDULLA															
CPR No.	7	6	0	7	0	8	5	7	6	Account / Customer No.	1	5	5	3	0	2
Mobile 1	34346556								Mobile 2							

Flat No.	32	Start Collection Date:	Day	Month	Year								
Building No.	1706		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Deduction List				Co. Code		1						

Alternative Payer

Name of Customer	SHAKEEL AHMED ABDULLA KHUDA DAD															
CPR No.	8	0	0	8	1	3	7	5	8	Alternative Payer Individual Id	1	5	5	0	9	5

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	SUAD MOHAMED MUBARAK MOHAMED																
CPR No.	7	0	0	7	0	4	7	8	7	Account / Customer No.	1	5	0	5	4	7	
Mobile 1	176782532								Mobile 2	39954144							

Flat No.	33	Start Collection Date:	Day	Month	Year								
Building No.	1706		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Deduction List				Co. Code		4059						

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MANAL AHMED JABER MEFTAH SAAD																
CPR No.	7	8	0	0	0	1	1	1	7	Account / Customer No.	1	5	0	4	7	8	
Mobile 1	33069011								Mobile 2								

Flat No.	34	Start Collection Date:	Day	Month	Year												
Building No.	1706	0	1	1	0	2	0	1	9								
Road No.	5355	Beneficiary Contribution (BD)								10							
Block No.	353	MOH Subsidy (BD)								15							
Location	Burhama	Tenor (months)								120							
Payment method	Post dated checks								Co. Code	1							

Alternative Payer

Name of Customer	-															
CPR No.										Alternative Payer Individual Id						

Prepared By

Checked By

Head of Property Management

Retail Banking Department			Operation Department				
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:					Name:		
Signature:					Signature:		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	DUAIJ KHALIFA MUBARAK SANGOOR															
CPR No.	8	4	0	7	0	5	8	6	7	Account / Customer No.	1	5	0	4	7	5
Mobile 1	39328223							Mobile 2	35369644							

Flat No.	35	Start Collection Date:	Day Month Year
Building No.	1706		0 1 1 0 2 0 1 9
Road No.	5355	Beneficiary Contribution (BD)	10
Block No.	353	MOH Subsidy (BD)	15
Location	Burhama	Tenor (months)	120
Payment method	Deduction List		
	Co. Code 4030		

Alternative Payer

Name of Customer	-							
CPR No.					Alternative Payer Individual Id			

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1706-APT-36-VACANT

CPR No.

--	--	--	--	--	--	--	--	--

Account / Customer No.

--	--	--	--	--	--	--	--	--

Mobile 1

--	--	--	--	--	--	--	--	--

Mobile 2

--	--	--	--	--	--	--	--	--

Flat No.

36

Start Collection Date:

Day	Month	Year					
0	1	1	0	2	0	1	9

Building No.

1706

Beneficiary Contribution (BD)

0

Road No.

5355

MOH Subsidy (BD)

25

Block No.

353

Tenor (months)

120

Location

Burhama

Payment method

Co. Code

Name of Customer

Alternative Payer

CPR No.

--	--	--	--	--	--	--	--	--

Alternative Payer Individual Id

--	--	--	--	--	--	--	--	--

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: _____

Name: _____

Signature: _____

Signature: _____

Department: PMD

Ref No: FRM/PM/17

Approved by: RMC

Version: 1.1

Effective Date: 9-Jul-19

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Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	TUFFAHA SALEM EID ALDAMOOKH ALDOSERI							
------------------	--------------------------------------	--	--	--	--	--	--	--

CPR No.	7	9	0	3	0	8	4	7	9	Account / Customer No.	1	5	0	4	7	0
---------	---	---	---	---	---	---	---	---	---	------------------------	---	---	---	---	---	---

Mobile 1	35522514								Mobile 2						
----------	----------	--	--	--	--	--	--	--	----------	--	--	--	--	--	--

Flat No.	41								Start Collection Date:	Day	Month	Year
----------	----	--	--	--	--	--	--	--	------------------------	-----	-------	------

Building No.	1706								0	1	1	0	2	0	1	9
--------------	------	--	--	--	--	--	--	--	---	---	---	---	---	---	---	---

Road No.	5355								Beneficiary Contribution (BD)	10					
----------	------	--	--	--	--	--	--	--	-------------------------------	----	--	--	--	--	--

Block No.	353								MOH Subsidy (BD)	15					
-----------	-----	--	--	--	--	--	--	--	------------------	----	--	--	--	--	--

Location	Burhama								Tenor (months)	120					
----------	---------	--	--	--	--	--	--	--	----------------	-----	--	--	--	--	--

Payment method									Deduction List							Co. Code	1	
----------------	--	--	--	--	--	--	--	--	----------------	--	--	--	--	--	--	----------	---	--

Alternative Payer

Name of Customer	SHARIFA HASAN MOHAMED ABDULLA							
------------------	-------------------------------	--	--	--	--	--	--	--

CPR No.	7	4	0	3	0	1	4	4	6	Alternative Payer Individual Id	1	5	2	5	3	5
---------	---	---	---	---	---	---	---	---	---	---------------------------------	---	---	---	---	---	---

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year				

Date Posted	Day	Month	Year				

Name: _____

Name: _____

Signature: _____

Signature: _____

Department:	PMD
Approved by:	RMC
Page	1 of 1

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Version:	1.1
Effective Date:	9-Jul-19
Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1706-APT-42-VACANT
------------------	----------------------------

CPR No.	
---------	--

Account / Customer No. |

Mobile 1	Mobile 2
----------	----------

Flat No.	42	Start Collection Date:	Day	Month	Year
----------	----	------------------------	-----	-------	------

Building No.	1706	0	1	1	0	2	0	1	9
--------------	------	---	---	---	---	---	---	---	---

Road No.	5355	Beneficiary Contribution (BD)	0
----------	------	-------------------------------	---

Block No.	353	MOH Subsidy (BD)	25
-----------	-----	------------------	----

Location	Burhama	Tenor (months)	120
----------	---------	----------------	-----

Payment method	Co. Code
----------------	----------

Alternative Payer

Name of Customer	
------------------	--

CPR No.	Alternative Payer Individual Id
---------	---------------------------------

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: _____

Name: _____

Signature: _____

Signature: _____

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	AHMED HASAN SALEH JASIM ALDOSERI																
CPR No.	7	7	0	6	0	8	2	2	1	Account / Customer No.	1	5	0	4	9	6	
Mobile 1	17770766								Mobile 2	33340048							

Flat No.	43	Start Collection Date:	Day	Month	Year							
Building No.	1706	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD) 10										
Block No.	353	MOH Subsidy (BD) 15										
Location	Burhama	Tenor (months) 120										
Payment method	Deduction List				Co. Code				4030			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | WAFA ALI ABDULLA HAMAD HAZEEM

CPR No. | 8 6 0 5 0 7 3 1 9

Account / Customer No. | 1 5 0 4 9 3

Mobile 1 | 34531121

Mobile 2 |

Flat No. | 44

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1706

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4030

Alternative Payer

Name of Customer | -

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year				

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1706-APT-45-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 45

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1706

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Ref No:	FRM/PM/17
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	Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1706-APT-46-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 46

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1706

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ABDULLA MAJEED AHMED ALI ABDULAZIZ																
CPR No.	9	1	0	2	0	3	2	4	5	Account / Customer No.	1	5	0	6	1	7	
Mobile 1	33651565								Mobile 2	33342660							

Flat No.	51	Start Collection Date:	Day	Month	Year							
Building No.	1706	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD) 10										
Block No.	353	MOH Subsidy (BD) 15										
Location	Burhama	Tenor (months) 120										
Payment method	Deduction List				Co. Code				4030			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	YUSUF ABDULRAHMAN MOHAMED AHMED JANAHI																
CPR No.	6	4	0	1	0	0	8	2	1	Account / Customer No.	1	5	0	4	7	4	
Mobile 1	36411403								Mobile 2	38814046							

Flat No.	52	Start Collection Date:	Day	Month	Year								
Building No.	1706		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Deduction List				Co. Code	4211							

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	SEHAM ISA ABDULLA ALWAZZAN															
CPR No.	6	9	0	1	1	0	1	9	7	Account / Customer No.	1	5	0	6	0	8
Mobile 1	33823409							Mobile 2	33300042							

Flat No.	53	Start Collection Date:	Day	Month	Year							
Building No.	1706		0	1	1	0	2	0	1	9		
Road No.	5355	Beneficiary Contribution (BD)	10									
Block No.	353	MOH Subsidy (BD)	15									
Location	Burhama	Tenor (months)	120									
Payment method	Deduction List				Co. Code	1						

Alternative Payer

Name of Customer	NOORA KHALED AHMED EBRAHIM ALMALOOD															
CPR No.	8	8	1	2	0	7	4	6	2	Alternative Payer Individual Id	1	4	9	7	4	0

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	YUSUF AHMED YUSUF AHMED YUSUF ALMUHARRAQI
------------------	-------------------------------------------

CPR No.	8 7 0 8 1 0 2 1 9	Account / Customer No.	1 5 0 4 7 1
---------	-----------------------------------	------------------------	-----------------------

Mobile 1	36851685	Mobile 2	66919194-36847646
----------	----------	----------	-------------------

Flat No.	55	Start Collection Date:	Day Month Year
Building No.	1706		0 1 1 0 2 0 1 9
Road No.	5355	Beneficiary Contribution (BD) 10	
Block No.	353	MOH Subsidy (BD) 15	
Location	Burhama	Tenor (months) 120	
Payment method	Deduction List	Co. Code	4029

Alternative Payer

Name of Customer	-
------------------	---

CPR No.		Alternative Payer Individual Id	
---------	--	---------------------------------	--

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year

Operation Department

Date Posted	Day	Month	Year

Name: _____

Signature: _____

Name: _____

Signature: _____

Department:	PMD
Approved by:	RMC
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Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | KHALED ABDULRAHMAN AHMED MOHAMED

CPR No. | 8 9 0 4 0 4 1 1 9

Account / Customer No. | 1 5 0 6 2 7

Mobile 1 | 34492442

Mobile 2 | 39604758

Flat No. | 56

Start Collection Date | Day Month Year
0 1 1 0 2 0 1 9

Building No. | 1706

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4028

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1706-APT-61-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 61

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1706

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method |

Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Operation Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1706-APT-62-VACANT
------------------	----------------------------

CPR No.	
---------	--

Account / Customer No. |

Mobile 1	Mobile 2
----------	----------

Flat No.	62	Start Collection Date:	Day	Month	Year
----------	----	------------------------	-----	-------	------

Building No.	1706	0	1	1	0	2	0	1	9
--------------	------	---	---	---	---	---	---	---	---

Road No.	5355	Beneficiary Contribution (BD)	0
----------	------	-------------------------------	---

Block No.	353	MOH Subsidy (BD)	25
-----------	-----	------------------	----

Location	Burhama	Tenor (months)	120
----------	---------	----------------	-----

Payment method	Co. Code
----------------	----------

Alternative Payer

Name of Customer	
------------------	--

CPR No.	Alternative Payer Individual Id
---------	---------------------------------

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: _____

Name: _____

Signature: _____

Signature: _____

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ALI JAMAL DAWOOD SALMAN AHMED																
CPR No.	9	2	0	1	1	0	3	1	2	Account / Customer No.	1	5	0	4	7	7	
Mobile 1	32232820								Mobile 2	66334330							

Flat No.	71	Start Collection Date:	Day	Month	Year							
Building No.	1706	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD) 10										
Block No.	353	MOH Subsidy (BD) 15										
Location	Burhama	Tenor (months) 120										
Payment method	Deduction List				Co. Code				4057			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	506	1706

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1706-APT-72-VACANT							
CPR No.					Account / Customer No.			
Mobile 1					Mobile 2			

Flat No.	72	Start Collection Date:	Day	Month	Year					
Building No.	1706		0	1	1	0	2	0	1	9
Road No.	5355	Beneficiary Contribution (BD)							0	
Block No.	353	MOH Subsidy (BD)							25	
Location	Burhama	Tenor (months)							120	
Payment method		Co. Code								

Alternative Payer

Name of Customer								
CPR No.					Alternative Payer Individual Id			

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1712-APT-11-VACANT							
CPR No.					Account / Customer No.			
Mobile 1					Mobile 2			

Flat No.	11	Start Collection Date:	Day	Month	Year					
Building No.	1712		0	1	1	0	2	0	1	9
Road No.	5355	Beneficiary Contribution (BD)							0	
Block No.	353	MOH Subsidy (BD)							25	
Location	Burhama	Tenor (months)							120	
Payment method		Co. Code								

Alternative Payer

Name of Customer								
CPR No.					Alternative Payer Individual Id			

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
	1	2	3		1	2	3
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer	MOH-BLD-1712-APT-12-VACANT							
CPR No.					Account / Customer No.			
Mobile 1					Mobile 2			

Flat No.	12	Start Collection Date:	Day	Month	Year					
Building No.	1712		0	1	1	0	2	0	1	9
Road No.	5355	Beneficiary Contribution (BD)							0	
Block No.	353	MOH Subsidy (BD)							25	
Location	Burhama	Tenor (months)							120	
Payment method		Co. Code								

Alternative Payer

Name of Customer								
CPR No.					Alternative Payer Individual Id			

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
	1	2	3		1	2	3
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | FATIMA ABDULAZIZ MOSA BARI

CPR No. | 7 7 0 8 1 2 5 8 9

Account / Customer No. | 1 4 9 9 8 3

Mobile 1 | 39106686

Mobile 2 |

Flat No. | 13

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Name of Customer | ABDULHALEEM ABDULLA AHMED MURAD

CPR No. | 6 9 0 8 0 4 6 3 6 | Alternative Payer Individual Id | 1 4 5 4 4 5

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	JASIM ALI ABDULWAHAB MOHAMED HASAN															
CPR No.	8	3	0	4	0	3	0	5	1	Account / Customer No.	1	5	4	9	1	5
Mobile 1	36360833								Mobile 2							

Flat No.	14	Start Collection Date:	Day	Month	Year							
Building No.	1712	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD) 10										
Block No.	353	MOH Subsidy (BD) 15										
Location	Burhama	Tenor (months) 120										
Payment method	Post dated checks				Co. Code				1			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1712-APT-15-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 15

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Ref No:	FRM/PM/17	Review Date:
Version: 1.1	Effective Date: 9-Jul-19	
Page	1 of 1	Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	HASAN MOUSTAFA ALI ABDELFATTAH															
CPR No.	6	2	0	5	1	2	9	7	0	Account / Customer No.	1	5	6	1	8	4
Mobile 1	39655474							Mobile 2	39655774							

Flat No.	16	Start Collection Date:	Day	Month	Year							
Building No.	1712	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)							10			
Block No.	353	MOH Subsidy (BD)							15			
Location	Burhama	Tenor (months)							120			
Payment method	Post dated checks							Co. Code	1			

Alternative Payer

Name of Customer	-														
CPR No.								Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	WALEED DAD ABDULRAHIM WALEEDAD																
CPR No.	5	5	0	1	2	7	7	2	0	Account / Customer No.	1	4	9	7	9	2	
Mobile 1	39802488								Mobile 2								

Flat No.	21	Start Collection Date:	Day	Month	Year							
Building No.	1712	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)								10		
Block No.	353	MOH Subsidy (BD)								15		
Location	Burhama	Tenor (months)								120		
Payment method	Deduction List				Co. Code				4012			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | JAMEEL ASLAM AHMED DIN BUTT

CPR No. | 7 5 0 9 1 2 6 6 9

Account / Customer No. | 1 5 1 3 4 5

Mobile 1 | 33090957

Mobile 2 |

Flat No. | 22

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4028

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
Page	1 of 1

Ref No:	FRM/PM/17
Version:	1.1
Effective Date:	9-Jul-19
Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MOHAMED SAYED HASAN REFFAEI

CPR No. | 7 6 0 6 0 9 5 1 9

Account / Customer No. | 1 3 2 8 9 1

Mobile 1 | 33883823

Mobile 2 |

Flat No. | 23

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4666

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOHAMED NAEEM ALLAHIDIN NASRUDDIN																
CPR No.	5	8	1	0	0	6	8	2	8	Account / Customer No.	1	4	9	7	9	4	
Mobile 1	33684920								Mobile 2								

Flat No.	24	Start Collection Date:	Day	Month	Year												
Building No.	1712	0	1	1	0	2	0	1	9								
Road No.	5355	Beneficiary Contribution (BD)								10							
Block No.	353	MOH Subsidy (BD)								15							
Location	Burhama	Tenor (months)								120							
Payment method	Deduction List								Co. Code	4297							

Alternative Payer

Name of Customer	-														
CPR No.								Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year				
2	4	0	9	2	0	1	9
Branch No.			BR no.	BLD no.			
			507	1712			

Product Code 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOHAMED ISA GHULOOM JUMA TAMATA																
CPR No.	8	3	0	9	0	5	7	3	1		Account / Customer No.	1	5	0	8	1	4
Mobile 1	36978788										Mobile 2						

Flat No.	25	Start Collection Date:	Day	Month	Year
Building No.	1712		0	1	1
Road No.	5355	Beneficiary Contribution (BD)			10
Block No.	353	MOH Subsidy (BD)			15
Location	Burhama	Tenor (months)			120
	Payment method	Post dated checks	Co. Code		1

Alternative Payer

Name of Customer	-		
CPR No.	<input style="width: 100px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	Alternative Payer Individual Id	<input style="width: 100px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department			Operation Department		
Date Posted	Day	Month	Year		
	<input type="text"/>				
Name:	<hr/>				
Signature:	<hr/>				
Date Posted	Day	Month	Year		
	<input type="text"/>				
Name:	<hr/>				
Signature:	<hr/>				

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	YASER MOHAMED YAQOOB MUSHTAQ																
CPR No.	7	7	0	2	0	9	4	4	0	Account / Customer No.	1	4	9	7	9	7	
Mobile 1	39401446								Mobile 2								

Flat No.	31	Start Collection Date:	Day	Month	Year							
Building No.	1712	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)								10		
Block No.	353	MOH Subsidy (BD)								15		
Location	Burhama	Tenor (months)								120		
Payment method	Deduction List				Co. Code				4028			

Alternative Payer

Name of Customer	-														
CPR No.										Alternative Payer Individual Id					

Prepared By

Checked By

Head of Property Management

Retail Banking Department			Operation Department				
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:					Name:		
Signature:					Signature:		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ABDULRAHMAN SHAIKHAN MOHAMED BAWAZR															
CPR No.	6	2	1	0	1	1	4	3	6	Account / Customer No.	1	4	9	8	1	2
Mobile 1	33028018								Mobile 2							

Flat No.	32	Start Collection Date:	Day	Month	Year				
Building No.	1712	0	1	1	0				
Road No.	5355	2	0	1	9				
Block No.	353	Beneficiary Contribution (BD)	10						
Location	Burhama	MOH Subsidy (BD)	15						
		Tenor (months)	120						
Payment method	Deduction List				Co. Code	4297			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year				
2	4	0	9	2	0	1	9
Branch No.			BR no.	BLD no.			
			507	1712			

Product Code 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	SAFDAR MOHAMED AMIN SAFAJALDEEN																
CPR No.	5	6	1	0	0	4	5	1	0		Account / Customer No.	1	4	9	9	6	8
Mobile 1	39875869										Mobile 2						

Flat No.	33	Start Collection Date:	Day	Month	Year
Building No.	1712		0	1	1
Road No.	5355	Beneficiary Contribution (BD)			10
Block No.	353	MOH Subsidy (BD)			15
Location	Burhama	Tenor (months)			120
	Payment method	Post dated checks	Co. Code		1

Alternative Payer

Name of Customer	-		
CPR No.	<input style="width: 100px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	Alternative Payer Individual Id	<input style="width: 100px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department			Operation Department		
Date Posted	Day	Month	Year		
	<input type="text"/>				
Name:	<input type="text"/>				
Signature:	<input type="text"/>				

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1		Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	YOUSIF AHMED SALEH AHMED ALRAYASHI															
CPR No.	9	5	0	5	1	4	2	3	3	Account / Customer No.	1	5	0	2	2	5
Mobile 1	33055190								Mobile 2							

Flat No.	34	Start Collection Date:	Day	Month	Year							
Building No.	1712		0	1	1	0	2	0	1	9		
Road No.	5355	Beneficiary Contribution (BD)								10		
Block No.	353	MOH Subsidy (BD)								15		
Location	Burhama	Tenor (months)								120		
Payment method	Deduction List				Co. Code				4030			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	QAID ABDULWALI AHMED ALQADRI																
CPR No.	7	4	1	0	1	0	6	1	5	Account / Customer No.	1	4	9	7	8	1	
Mobile 1	37777600								Mobile 2								

Flat No.	35	Start Collection Date:	Day	Month	Year												
Building No.	1712	0	1	1	0	2	0	1	9								
Road No.	5355	Beneficiary Contribution (BD)								10							
Block No.	353	MOH Subsidy (BD)								15							
Location	Burhama	Tenor (months)								120							
Payment method	Deduction List								Co. Code	4028							

Alternative Payer

Name of Customer	-														
CPR No.								Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | REDHA MOHAMED REDHA ABDULKARIM

CPR No. | 8 0 0 1 0 1 6 1 8

Account / Customer No. | 1 4 9 8 1 1

Mobile 1 | 36624543

Mobile 2 |

Flat No. | 36

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4028

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Review Date:	8-Jun-22	
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1712-APT-41-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 41

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Ref No:	FRM/PM/17	Review Date:
Version: 1.1	Effective Date: 9-Jul-19	8-Jun-22
Page	1 of 1	Review Date:

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	Sayed Ali Taleb Abdulhussain																
CPR No.	6	1	0	9	0	1	7	6	1	Account / Customer No.	1	5	6	6	3	8	
Mobile 1	39970670								Mobile 2								

Flat No.	42	Start Collection Date:	Day	Month	Year										
Building No.	1712	0	1	1	0	2	0	1	9						
Road No.	5355	Beneficiary Contribution (BD)								10					
Block No.	353	MOH Subsidy (BD)								15					
Location	Burhama	Tenor (months)								120					
Payment method										Co. Code					

Alternative Payer

Name of Customer															
CPR No.								Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1712-APT-43-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 43

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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		8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ZULFIQAR AHMED SARDAR MOHAMMED EZAT															
CPR No.	6	7	1	0	0	4	8	5	9	Account / Customer No.	1	4	9	8	1	0
Mobile 1	39867781								Mobile 2							

Flat No.	44	Start Collection Date:	Day	Month	Year			
Building No.	1712	0	1	1	0			
Road No.	5355	2	0	1	9			
Block No.	353	Beneficiary Contribution (BD)	10					
Location	Burhama	MOH Subsidy (BD)	15					
		Tenor (months)	120					
Payment method	Deduction List				Co. Code		4012	

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | ASRAR AHMED SARDAR MOHAMED IZZAT

CPR No. | 6 8 1 0 0 5 1 1 4

Account / Customer No. | 1 4 9 8 1 4

Mobile 1 | 39264207

Mobile 2 |

Flat No. | 45

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4028

Alternative Payer

Name of Customer | -

CPR No. | | | | | | | | Alternative Payer Individual Id | | | | | |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOHAMED YAQOOB MOHAMED ISHAQ															
CPR No.	5	7	0	1	1	0	6	2	9	Account / Customer No.	1	4	9	7	9	8
Mobile 1	34344024								Mobile 2							

Flat No.	46	Start Collection Date:	Day Month Year
Building No.	1712		0 1 1 0 2 0 1 9
Road No.	5355	Beneficiary Contribution (BD)	10
Block No.	353	MOH Subsidy (BD)	15
Location	Burhama	Tenor (months)	120
Payment method	Deduction List		Co. Code
			4012

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	JAVED AKHTAR MOHAMED SHABIR SHRIEF															
CPR No.	6	3	1	2	0	2	6	1	7	Account / Customer No.	1	4	9	7	8	6
Mobile 1	39652186							Mobile 2								

Flat No.	51	Start Collection Date:	Day	Month	Year						
Building No.	1712		0	1	1	0	2	0	1	9	
Road No.	5355	Beneficiary Contribution (BD)	10								
Block No.	353	MOH Subsidy (BD)	15								
Location	Burhama	Tenor (months)	120								
Payment method	Deduction List				Co. Code			4030			

Alternative Payer

Name of Customer	-									
CPR No.	_____				Alternative Payer Individual Id			_____		

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:	-----			Name:	-----		
Signature:	-----			Signature:	-----		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No. |

Beneficiary

Name of Customer | MOH-BLD-1712-APT-52-VACANT

CPR No. |

Account / Customer No. |

Mobile 1 |

Mobile 2 |

Flat No. | 52

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 0

Road No. | 5355

MOH Subsidy (BD) | 25

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method |

Co. Code |

Name of Customer |

Alternative Payer

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Operation Department

Date Posted	Day	Month	Year					
	1	2	3	4	5	6	7	8

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | SAIF AHMED MUSAED ALMUNTASER

CPR No. | 7 2 0 5 2 4 5 2 0

Account / Customer No. | 1 5 0 2 3 0

Mobile 1 | 33381391

Mobile 2 |

Flat No. | 53

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4028

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year				
2	4	0	9	2	0	1	9
Branch No.		BR no.	BLD no.				
		507	1712				

Product Code 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ABDULJABBAR SARDAR MOHAMED EZAT																
CPR No.	5	8	1	1	0	2	3	1	2		Account / Customer No.	1	4	9	8	1	3
Mobile 1	39232301										Mobile 2						

Flat No.	54	Start Collection Date:	Day	Month	Year
Building No.	1712		0	1	1
Road No.	5355	Beneficiary Contribution (BD)			10
Block No.	353	MOH Subsidy (BD)			15
Location	Burhama	Tenor (months)			120
Payment method		Post dated checks			Co. Code
					1

Alternative Paver

Name of Customer		-
CPR No.	<input style="width: 100px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	Alternative Payer Individual Id <input style="width: 100px; height: 20px; border: none; border-left: 1px solid black;" type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department			Operation Department		
Date Posted	Day	Month	Year		
	<input type="text"/>				
Name:	<input type="text"/>				
Signature:	<input type="text"/>				

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1		Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | ABDULHADI SALEM ALI ALAADHAB

CPR No. | 7 5 0 9 1 0 9 6 8

Account / Customer No. | 1 5 0 2 2 4

Mobile 1 | 33965191

Mobile 2 |

Flat No. | 55

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4028

Alternative Payer

Name of Customer | -

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | ABDULSATTAR SARDAR MOHAMMAD BUKSH

CPR No. | 6 3 1 2 0 0 5 6 8

Account / Customer No. | 1 4 9 8 4 1

Mobile 1 | 39870416

Mobile 2 |

Flat No. | 56

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4510

Name of Customer | -

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

-----| Head of Property Management | -----

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department: PMD

Ref No: FRM/PM/17

Approved by: RMC

Version: 1.1

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Effective Date: 9-Jul-19

Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | KHALID MAHMOOD MOHAMED DIN ALI

CPR No. | 6 8 0 1 1 6 4 6 0

Account / Customer No. | 1 4 9 8 0 1

Mobile 1 | 33354727

Mobile 2 |

Flat No. | 61

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1712

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4028

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

-----| Head of Property Management | -----

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Effective Date:	9-Jul-19
Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MANAL IDREES ABDULLA AHMED

CPR No. | 7 1 0 1 1 2 8 9 0

Account / Customer No. | 1 5 0 4 8 0

Mobile 1 | 39616366

Mobile 2 | 33332874

Flat No. | 62

Start Collection Date | Day Month Year

Building No. | 1712

| 0 1 1 0 2 0 1 9

Road No. | 5355

Beneficiary Contribution (BD) | 10

Block No. | 353

MOH Subsidy (BD) | 15

Location | Burhama

Tenor (months) | 120

Payment method

Deduction List

Co. Code

1

Alternative Payer

Name of Customer | MAHMOOD ISA JASIM ALGALLAF

CPR No. | 5 3 0 1 0 8 7 0 4

Alternative Payer Individual Id | 1 2 7 0 5 4

Prepared By

Checked By

-----| Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Version: 1.1	Effective Date: 9-Jul-19
	Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ISMAEEL ASHOOR MAHMOOD ABDULMOATI															
CPR No.	8	3	0	9	1	1	8	5	5	Account / Customer No.	1	4	9	8	5	4
Mobile 1	36266988								Mobile 2							

Flat No.	71	Start Collection Date:	Day	Month	Year							
Building No.	1712	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD) 10										
Block No.	353	MOH Subsidy (BD) 15										
Location	Burhama	Tenor (months) 120										
Payment method	Deduction List				Co. Code				4116			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	507	1712

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | FAWZI HASAN YUSUF HASAN YATEEM

CPR No. | 6 2 0 0 2 7 2 3 1

Account / Customer No. | 1 5 4 8 4 9

Mobile 1 | 39269078

Mobile 2 | 38953578

Flat No. | 72

Start Collection Date | Day Month Year

Building No. | 1712

| 0 1 1 0 2 0 1 9

Road No. | 5355

Beneficiary Contribution (BD) | 10

Block No. | 353

MOH Subsidy (BD) | 15

Location | Burhama

Tenor (months) | 120

Payment method

Deduction List

Co. Code

1

Alternative Payer

Name of Customer | JEHAD ALI HASAN YUSUF YATEEM

CPR No. |

6 7 1 2 0 1 4 9 2

Alternative Payer Individual Id

| 1 3 1 6 2 7

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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		8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | HISHAM ADEL KHALED ADWAN

CPR No. | 6 5 0 1 2 0 7 4 4

Account / Customer No. | 1 4 8 4 6 6

Mobile 1 | 39441664

Mobile 2 |

Flat No. | 11

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4263

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year				

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Version: 1.1	Effective Date: 9-Jul-19	

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | ALI HASAN YUSUF HASAN JASIM

CPR No. | 8 4 0 1 0 8 9 0 7

Account / Customer No. | 1 2 9 2 9 3

Mobile 1 | 33899902

Mobile 2 |

Flat No. | 12

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Alternative Payer

Name of Customer | -

CPR No. | | | | | | | | Alternative Payer Individual Id | | | | | |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MASOUD TAIMOOR AGHAYAR ABDULRAHMAN															
CPR No.	6	7	0	1	0	1	4	3	5	Account / Customer No.	1	4	7	8	6	9
Mobile 1	39440878								Mobile 2							

Flat No.	13	Start Collection Date:	Day	Month	Year			
Building No.	1718	0	1	1	0			
Road No.	5355	2	0	1	9			
Block No.	353	10						
Location	Burhama	MOH Subsidy (BD)	15					
		Beneficiary Contribution (BD)	120					
		Tenor (months)						
		Payment method	Deduction List	Co. Code	4211			

Alternative Payer

Name of Customer	-														
CPR No.									Alternative Payer Individual Id						

Prepared By

Checked By

Head of Property Management

Retail Banking Department			Operation Department				
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:					Name:		
Signature:					Signature:		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MOHAMED ABDULLA ISA MARHOON

CPR No. | 8 1 1 1 0 3 1 5 3

Account / Customer No. | 1 4 7 7 3 2

Mobile 1 | 33402428

Mobile 2 |

Flat No. | 14

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4731

Alternative Payer

Name of Customer | -

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ASMA GHULOOM MOHAMMED HUSSAIN															
CPR No.	8	9	0	6	0	6	8	9	7	Account / Customer No.	1	4	7	8	4	7
Mobile 1	33868681								Mobile 2							

Flat No.	15	Start Collection Date:	Day	Month	Year							
Building No.	1718		0	1	1	0	2	0	1	9		
Road No.	5355	Beneficiary Contribution (BD)								10		
Block No.	353	MOH Subsidy (BD)								15		
Location	Burhama	Tenor (months)								120		
Payment method	Deduction List				Co. Code				4411			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | ABDULKARIM ABDULJABBAR ALI MASHIMA

CPR No. | 7 2 0 1 0 5 8 4 6

Account / Customer No. | 1 4 8 3 5 1

Mobile 1 | 33733913

Mobile 2 |

Flat No. | 16

Start Collection Date | Day Month Year
0 1 1 0 2 0 1 9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	HASAN ABDULHUSAIN EBRAHIM ALI SABBA															
CPR No.	8	6	1	2	0	5	3	9	1	Account / Customer No.	1	4	7	9	3	8
Mobile 1	33831101								Mobile 2							

Flat No.	21	Start Collection Date:	Day	Month	Year								
Building No.	1718		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)								10			
Block No.	353	MOH Subsidy (BD)								15			
Location	Burhama	Tenor (months)								120			
Payment method	Post dated checks								Co. Code	1			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MURTADHA ALI AHMED AHMED ALSAEGH

CPR No. | 7 4 0 7 0 5 0 6 7

Account / Customer No. | 1 4 7 8 9 5

Mobile 1 | 33996445

Mobile 2 |

Flat No. | 22

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Alternative Payer

Name of Customer | -

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	FADHEL ABBAS AHMED FAKHARAWI																
CPR No.	7	2	0	3	0	4	2	9	6	Account / Customer No.	1	4	8	0	2	6	
Mobile 1	36638545								Mobile 2								

Flat No.	23	Start Collection Date:	Day	Month	Year							
Building No.	1718	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)								10		
Block No.	353	MOH Subsidy (BD)								15		
Location	Burhama	Tenor (months)								120		
Payment method	Deduction List				Co. Code				4014			

Alternative Payer

Name of Customer	-														
CPR No.										Alternative Payer Individual Id					

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:	-----			Name:	-----		
Signature:	-----			Signature:	-----		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | FAYZA ABBAS YAQOOB YUSUF

CPR No. | 7 2 0 5 0 1 4 3 1

Account / Customer No. | 1 4 7 8 4 9

Mobile 1 | 36484824

Mobile 2 |

Flat No. | 24

Start Collection Date | Day Month Year
0 1 1 0 2 0 1 9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4263

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOHAMED SAEED MOHAMED SALEH ALSAFAR															
CPR No.	8	2	0	8	0	3	3	3	2	Account / Customer No.	1	4	7	8	4	6
Mobile 1	39200731								Mobile 2							

Flat No.	25	Start Collection Date:	Day	Month	Year							
Building No.	1718	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD) 10										
Block No.	353	MOH Subsidy (BD) 15										
Location	Burhama	Tenor (months) 120										
Payment method	Deduction List				Co. Code				3900			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MURTADHA ABDULHUSAIN JAWAD MOHAMED

CPR No. | 8 0 0 5 0 2 5 3 1

Account / Customer No. | 1 4 7 7 4 8

Mobile 1 | 39044301

Mobile 2 |

Flat No. | 26

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 3900

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Version:	1.1
Effective Date:	9-Jul-19
Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	EMAN ALI MARZOOQ ALI															
CPR No.	8	2	0	2	0	3	1	9	0	Account / Customer No.	1	4	7	7	7	8
Mobile 1	33995095							Mobile 2								

Flat No.	31	Start Collection Date:	Day	Month	Year							
Building No.	1718		0	1	1	0	2	0	1	9		
Road No.	5355	Beneficiary Contribution (BD)	10									
Block No.	353	MOH Subsidy (BD)	15									
Location	Burhama	Tenor (months)	120									
Payment method	Deduction List				Co. Code	1						

Alternative Payer

Name of Customer	ALI MARZOOQ ALI ALJABAL															
CPR No.	5	2	0	0	2	9	6	1	5	Alternative Payer Individual Id	1	4	7	7	7	9

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year				

Date Posted	Day	Month	Year				

Name: _____
Signature: _____

Name: _____
Signature: _____

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MOHAMED HAMZA MOHAMED ALI

CPR No. | 5 7 0 8 2 0 9 0 1

Account / Customer No. | 1 5 5 7 1 4

Mobile 1 | 38389912

Mobile 2 |

Flat No. | 32

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Name of Customer | MOHAMED SHAKER JAAFAR SADEQ ALNAJAR

CPR No. | 8 3 0 3 0 4 7 2 0 | Alternative Payer Individual Id | 1 4 2 8 9 9

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Version: 1.1	Effective Date: 9-Jul-19	
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MAJEED ABBAS ALI AKBAR MUSALA NEZAD							
------------------	-------------------------------------	--	--	--	--	--	--	--

CPR No.	7	2	1	2	0	4	9	2	9	Account / Customer No.	1	4	7	9	5	8
---------	---	---	---	---	---	---	---	---	---	------------------------	---	---	---	---	---	---

Mobile 1	39278275								Mobile 2						
----------	----------	--	--	--	--	--	--	--	----------	--	--	--	--	--	--

Flat No.	33								Start Collection Date:	Day	Month	Year
----------	----	--	--	--	--	--	--	--	------------------------	-----	-------	------

Building No.	1718								0	1	1	0	2	0	1	9
--------------	------	--	--	--	--	--	--	--	---	---	---	---	---	---	---	---

Road No.	5355								Beneficiary Contribution (BD)	10					
----------	------	--	--	--	--	--	--	--	-------------------------------	----	--	--	--	--	--

Block No.	353								MOH Subsidy (BD)	15					
-----------	-----	--	--	--	--	--	--	--	------------------	----	--	--	--	--	--

Location	Burhama								Tenor (months)	120					
----------	---------	--	--	--	--	--	--	--	----------------	-----	--	--	--	--	--

Payment method	Deduction List								Co. Code	4297					
----------------	----------------	--	--	--	--	--	--	--	----------	------	--	--	--	--	--

Alternative Payer

Name of Customer	-							
------------------	---	--	--	--	--	--	--	--

CPR No.										Alternative Payer Individual Id					
---------	--	--	--	--	--	--	--	--	--	---------------------------------	--	--	--	--	--

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year				

Date Posted	Day	Month	Year				

Name: _____

Name: _____

Signature: _____

Signature: _____

Department:	PMD
Approved by:	RMC
Page	1 of 1

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	Review Date: 8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | NAJAT ISA AHMED ALI ABDULLA AMMAR

CPR No. | 7 9 0 8 0 6 3 3 9

Account / Customer No. | 1 5 0 1 6 0

Mobile 1 | 39000802

Mobile 2 | 39694849

Flat No. | 34

Start Collection Date | Day Month Year

Building No. | 1718

| 0 1 1 0 2 0 1 9

Road No. | 5355

Beneficiary Contribution (BD) | 10

Block No. | 353

MOH Subsidy (BD) | 15

Location | Burhama

Tenor (months) | 120

Payment method |

Deduction List |

Co. Code |

1 |

Alternative Payer

Name of Customer | ISA AHMED ALI ABDULLA AMMAR

CPR No. |

5 2 0 0 3 2 0 4 7

Alternative Payer Individual Id |

1 5 0 1 6 1

Prepared By

Checked By

-----| Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Effective Date:	9-Jul-19
Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MANEEJA SALMAN ABDULLA ALI

CPR No. | 7 3 1 2 0 4 6 3 8

Account / Customer No. | 1 5 5 5 7 6

Mobile 1 | 39060311

Mobile 2 |

Flat No. | 35

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Name of Customer | -

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

-----| Head of Property Management | -----

Retail Banking Department

Date Posted	Day	Month	Year				

Operation Department

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MAHMOOD QAIDI GHULAM ALYAEI SHAEI																
CPR No.	7	0	0	9	0	3	8	5	2	Account / Customer No.	1	5	0	1	5	9	
Mobile 1	39659660								Mobile 2								

Flat No.	36	Start Collection Date:	Day	Month	Year								
Building No.	1718		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Deduction List				Co. Code	4297							

Alternative Payer

Name of Customer	-														
CPR No.								Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	NABEEL ABDULWAHED JASIM ALNOKHETHA																
CPR No.	5	6	0	1	3	0	1	2	0	Account / Customer No.	1	4	8	5	0	9	
Mobile 1	33002711								Mobile 2								

Flat No.	41	Start Collection Date:	Day	Month	Year							
Building No.	1718		0	1	1	0	2	0	1	9		
Road No.	5355	Beneficiary Contribution (BD)	10									
Block No.	353	MOH Subsidy (BD)	15									
Location	Burhama	Tenor (months)	120									
Payment method	Deduction List				Co. Code				4297			

Alternative Payer

Name of Customer	-											
CPR No.	_____				Alternative Payer Individual Id				_____			

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:	-----			Name:	-----		
Signature:	-----			Signature:	-----		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ISA MOHAMED NASRALLA HAIDER																
CPR No.	5	4	0	1	0	4	7	6	0	Account / Customer No.	1	0	3	4	2	5	
Mobile 1	36337575								Mobile 2								

Flat No.	42	Start Collection Date:	Day	Month	Year												
Building No.	1718	0	1	1	0	2	0	1	9								
Road No.	5355	Beneficiary Contribution (BD)								10							
Block No.	353	MOH Subsidy (BD)								15							
Location	Burhama	Tenor (months)								120							
Payment method	Post dated checks								Co. Code	1							

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ALI ABDULLA MOHAMED SALEM																
CPR No.	5	5	0	0	7	5	7	6	3	Account / Customer No.	1	0	3	8	5	0	
Mobile 1	35523626								Mobile 2								

Flat No.	43	Start Collection Date:	Day	Month	Year							
Building No.	1718	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)								10		
Block No.	353	MOH Subsidy (BD)								15		
Location	Burhama	Tenor (months)								120		
Payment method	Deduction List				Co. Code				4263			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | MAHDI SAEED MAHDI ALHAYKI

CPR No. | 5 6 0 1 3 0 4 5 7

Account / Customer No. | 1 4 7 9 4 3

Mobile 1 | 39001441

Mobile 2 |

Flat No. | 44

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4263

Alternative Payer

Name of Customer | -

CPR No. |

Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year			

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | HAMED HABIB YUSUF HEJAIR

CPR No. | 7 2 0 8 0 6 8 1 0

Account / Customer No. | 1 4 9 6 7 2

Mobile 1 | 38441841

Mobile 2 |

Flat No. | 45

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Name of Customer | ALAA ABDULAZIZ AHMED HUSAIN

CPR No. | 7 5 0 8 0 7 3 9 3 | Alternative Payer Individual Id | 1 4 9 6 7 3

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

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Version: 1.1	Review Date:	8-Jun-22
Page	1 of 1	Effective Date: 9-Jul-19

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | ABBAS ABDULLA ALI YUSUF

CPR No. | 8 2 0 3 0 3 3 7 2

Account / Customer No. | 1 4 7 7 9 7

Mobile 1 | 33225110

Mobile 2 |

Flat No. | 46

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 1

Name of Customer | ABDULJALIL JUMA MOHAMMED SWAR

CPR No. | 6 5 0 1 1 8 7 4 0 | Alternative Payer Individual Id | 1 1 2 7 4 1

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Ref No:	FRM/PM/17	Review Date: 8-Jun-22
Version: 1.1	Effective Date: 9-Jul-19	

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	NOOREYA EBRAHIM ISA EBRAHIM ALDERAZ																
CPR No.	6	1	0	1	2	9	0	9	0	Account / Customer No.	1	4	8	4	7	7	
Mobile 1	39977529								Mobile 2								

Flat No.	51	Start Collection Date:	Day	Month	Year								
Building No.	1718		0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)	10										
Block No.	353	MOH Subsidy (BD)	15										
Location	Burhama	Tenor (months)	120										
Payment method	Post dated checks				Co. Code	1							

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | NABEEH ABDULHAMEED MAHDI AHMED

CPR No. | 7 4 0 3 0 6 1 6 2

Account / Customer No. | 1 4 7 8 4 8

Mobile 1 | 34341246

Mobile 2 |

Flat No. | 52

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 3900

Alternative Payer

Name of Customer | -

CPR No. | | | | | | | | Alternative Payer Individual Id | | | | | |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	JASIM ABDULHADI AHMED ABDULLA																
CPR No.	8	5	1	0	0	0	6	3	0	Account / Customer No.	1	4	7	7	5	0	
Mobile 1	35520308								Mobile 2								

Flat No.	53	Start Collection Date:	Day	Month	Year							
Building No.	1718	0	1	1	0	2	0	1	9			
Road No.	5355	Beneficiary Contribution (BD)								10		
Block No.	353	MOH Subsidy (BD)								15		
Location	Burhama	Tenor (months)								120		
Payment method	Deduction List				Co. Code				4376			

Alternative Payer

Name of Customer	-														
CPR No.										Alternative Payer Individual Id					

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:	-----			Name:	-----		
Signature:	-----			Signature:	-----		

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | HUSAIN SAYED ISMAEEL HASHEM ALI

CPR No. | 5 5 0 1 1 5 3 7 4

Account / Customer No. | 1 4 8 6 3 3

Mobile 1 | 39461065

Mobile 2 |

Flat No. | 54

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Alternative Payer

Name of Customer | -

CPR No. | | | | | | | | Alternative Payer Individual Id | | | | | |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year				

Date Posted	Day	Month	Year				

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
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Review Date:	8-Jun-22
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	AHMED ISMAEEL MUBARAK ABDULLA															
CPR No.	6	9	1	0	0	3	5	3	0	Account / Customer No.	1	3	9	4	5	8
Mobile 1	39274974								Mobile 2							

Flat No.	55	Start Collection Date:	Day	Month	Year							
Building No.	1718		0	1	1	0	2	0	1	9		
Road No.	5355	Beneficiary Contribution (BD)								10		
Block No.	353	MOH Subsidy (BD)								15		
Location	Burhama	Tenor (months)								120		
Payment method	Deduction List				Co. Code				4297			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
Page	1 of 1	Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | TAWAA ALI HASAN AHMED KHAMIS

CPR No. | 7 9 0 7 0 6 5 9 8

Account / Customer No. | 1 4 8 0 2 2

Mobile 1 | 39900021

Mobile 2 |

Flat No. | 56

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Alternative Payer

Name of Customer | -

CPR No. | Alternative Payer Individual Id |

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD	Ref No:
Approved by:	RMC	FRM/PM/17
Page	1 of 1	Version: 1.1 Effective Date: 9-Jul-19

Ref No:	FRM/PM/17	Review Date: 8-Jun-22
Version: 1.1	Effective Date: 9-Jul-19	

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | SADEQ ABDULLA ISA MARHOON

CPR No. | 8 3 0 2 0 2 7 6 5

Account / Customer No. | 1 4 7 7 3 0

Mobile 1 | 39443828

Mobile 2 |

Flat No. | 61

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Deduction List | Co. Code | 4297

Alternative Payer

Name of Customer | MOHAMED ABDULLA ISA MARHOON

CPR No. | 8 1 1 1 0 3 1 5 3

Alternative Payer Individual Id | 1 4 7 7 3 2

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Version:	1.1
Effective Date:	9-Jul-19
Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer | SAEED ALI ABDULWAHAB MOHMAED HASAN

CPR No. | 8 5 0 3 0 2 0 8 0

Account / Customer No. | 1 4 7 9 7 7

Mobile 1 | 33212978

Mobile 2 |

Flat No. | 62

Start Collection Date:	Day	Month	Year					
	0	1	1	0	2	0	1	9

Building No. | 1718

Beneficiary Contribution (BD) | 10

Road No. | 5355

MOH Subsidy (BD) | 15

Block No. | 353

Tenor (months) | 120

Location | Burhama

Payment method | Post dated checks | Co. Code | 1

Alternative Payer

Name of Customer | -

CPR No. | | | | | | | | Alternative Payer Individual Id | | | | | |

Prepared By

Checked By

-----| Head of Property Management | -----

Retail Banking Department

Date Posted	Day	Month	Year			

Operation Department

Date Posted	Day	Month	Year			

Name: -----

Name: -----

Signature: -----

Signature: -----

Department:	PMD
Approved by:	RMC
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Version:	1.1
Effective Date:	9-Jul-19
Review Date:	8-Jun-22

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	ALAA ABDULAZIZ AHMED MAKI SALMAN															
CPR No.	7	8	0	8	0	9	6	8	8	Account / Customer No.	1	4	7	9	8	3
Mobile 1	37730003								Mobile 2							

Flat No.	71	Start Collection Date:	Day	Month	Year			
Building No.	1718		0	1	1			
Road No.	5355	Beneficiary Contribution (BD)	10					
Block No.	353	MOH Subsidy (BD)	15					
Location	Burhama	Tenor (months)	120					
Payment method	Post dated checks			Co. Code	1			

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year					
	2	4	0	9	2	0	1	9

Branch No.	BR no.	BLD no.
	508	1718

Product Code | 430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOHAMED AHMED MULLA HASAN ALI AHMED															
CPR No.	8	5	0	9	0	7	7	2	1	Account / Customer No.	1	4	7	7	1	6
Mobile 1	33300579								Mobile 2							

Flat No.	72	Start Collection Date:	Day	Month	Year					
Building No.	1718		0	1	1	0	2	0	1	9
Road No.	5355	Beneficiary Contribution (BD)							10	
Block No.	353	MOH Subsidy (BD)							15	
Location	Burhama	Tenor (months)							120	
Payment method	Post dated checks				Co. Code	1				

Alternative Payer

Name of Customer	-											
CPR No.					Alternative Payer Individual Id							

Prepared By

Checked By

Head of Property Management

Retail Banking Department				Operation Department			
Date Posted	Day	Month	Year	Date Posted	Day	Month	Year
Name:				Name:			
Signature:				Signature:			

Department:	PMD	Ref No:	FRM/PM/17
Approved by:	RMC	Version: 1.1	Effective Date: 9-Jul-19
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