

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

Branch No.

BR no.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

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	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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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
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
Name:	-----		
Signature:	-----		

Date Posted	Day	Month	Year
Name:	-----		
Signature:	-----		

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

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code	430-MOH FM-Beneficiaries Association				

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1700-APT-13-VACANT		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Account / Customer No. <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		Mobile 2 <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 50px; text-align: center;">13</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 50px; text-align: center;">1700</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 50px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 50px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 50px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 50px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 50px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 50px; text-align: center;">120</div>						
Payment method <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>						

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Alternative Payer Individual Id <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1700-APT-14-VACANT		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Account / Customer No. <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		Mobile 2 <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 50px; text-align: center;">14</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 50px; text-align: center;">1700</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 50px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 50px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 50px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 50px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 50px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 50px; text-align: center;">120</div>						
Payment method <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>						

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Alternative Payer Individual Id <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

<div style="border: 1px solid black; padding: 5px;"> Date Posted <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> </div>	<div style="border: 1px solid black; padding: 5px;"> Date Posted <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> </div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>	Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>	Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

Branch No.

BR no.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

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

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	09
2	0	19

Branch No.

BR no.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code	430-MOH FM-Beneficiaries Association				

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1700-APT-23-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">23</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1700</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 200px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 200px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 200px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 200px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code	430-MOH FM-Beneficiaries Association				

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1700-APT-24-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">24</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1700</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>					
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>					
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>					
Payment method			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	092019

Branch No.

BR no.

505

BLD no.

1700

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

MARYAM ABDULRAZAQ MOHAMED SALEH

CPR No.

80111544

Account / Customer No.

149697

Mobile 1

36607403

Mobile 2

Flat No.

31

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

Name of Customer

ABDULRAZZAQ MOHAMMED SALEH BILAL

CPR No.

570053722

Alternative Payer Individual Id

104898

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
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.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	092019

Branch No.

BR no.

505

BLD no.

1700

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

FATIMA ABDULWAHAB ALI MOHAMED

CPR No.

820901474

Account / Customer No.

149773

Mobile 1

66666309

Mobile 2

Flat No.

33

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	09
2	0	19

Branch No.

BR no.

505

BLD no.

1700

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

ABDULHAKEEM 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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

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	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	092019

Branch No.

BR no.

505

BLD no.

1700

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

ABDULRAHMAN FAISAL MUBARAK ALDOSARY

CPR No.

760638721

Account / Customer No.

150058

Mobile 1

33301154

Mobile 2

Flat No.

35

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	09
2	0	19

Branch No.

BR no.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code	430-MOH FM-Beneficiaries Association				

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1700-APT-41-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">41</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1700</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code	430-MOH FM-Beneficiaries Association				

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1700-APT-42-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">42</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1700</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 200px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 200px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 200px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 200px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1700		0	1	1	0	2	0	1
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
Name:	-----		
Signature:	-----		

Date Posted	Day	Month	Year
Name:	-----		
Signature:	-----		

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1700-APT-45-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">45</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1700</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>					
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>					
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>					
Payment method			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 200px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 200px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 200px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 200px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code			430-MOH FM-Beneficiaries Association		

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1700-APT-55-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">55</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1700</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>					
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>					
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>					
Payment method			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

Branch No.

BR no.

505

BLD no.

1700

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

DANA KHALID ALI AHMED MOHAMED HASAN

CPR No.

8 5 0 6 0 0 5 8 8

Account / Customer No.

1 4 9 7 5 9

Mobile 1

38882031

Mobile 2

Flat No.

56

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

Name of Customer

EBRAHIM ABDULRAHIM ABDULLA HATTAB

CPR No.

8 4 0 5 0 2 1 7 6

Alternative Payer Individual Id

1 4 9 7 6 0

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
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.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1700		0	1	1	0	2	0	1
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:			

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

Branch No.

BR no.

505

BLD no.

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

Building No.

1700

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

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

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
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
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
			
Name:			
Signature:			

Date Posted	Day	Month	Year
			
Name:			
Signature:			

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

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1706-APT-12-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">12</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1706</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1706-APT-13-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">13</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1706</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Date Posted</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> </tr> <tr> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td colspan="4">Name: <div style="border-bottom: 1px solid black; width: 150px;"></div></td> </tr> <tr> <td colspan="4">Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div></td> </tr> </table>	Date Posted	Day	Month	Year	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>				Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Date Posted</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> </tr> <tr> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td colspan="4">Name: <div style="border-bottom: 1px solid black; width: 150px;"></div></td> </tr> <tr> <td colspan="4">Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div></td> </tr> </table>	Date Posted	Day	Month	Year	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>				Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Date Posted		Day	Month	Year																											
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																												
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>																															
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>																															
Date Posted	Day	Month	Year																												
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																												
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>																															
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>																															

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1706-APT-15-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">15</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1706</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1706-APT-16-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">16</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1706</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	09
2	0	19

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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
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.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Name:	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
Signature:	<div style="border-bottom: 1px solid black; width: 100%;"></div>		

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Name:	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
Signature:	<div style="border-bottom: 1px solid black; width: 100%;"></div>		

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	092019

Branch No.

BR no.

506

BLD no.

1706

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

NAYLA KHALIFA DUAJ KHALIFA RASHED ALZAYED

CPR No.

800606353

Account / Customer No.

150527

Mobile 1

36680899

Mobile 2

33193435

Flat No.

25

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

Name of Customer

DUAJ KHALIFA DUAJ KHALIFA RASHED ALZAYED

CPR No.

790305887

Alternative Payer Individual Id

150510

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
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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1706-APT-26-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">26</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1706</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>					
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>					
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)		<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>					
Payment method			<div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code <div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Date Posted <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Date Posted <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>	Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>	Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	092019

Branch No.

BR no.

506

BLD no.

1706

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

HIBA SHAHEEN MALALLA SHAHEEN ABDULLA

CPR No.

760708576

Account / Customer No.

155302

Mobile 1

34346556

Mobile 2

Flat No.

32

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

Name of Customer

SHAKEEL AHMED ABDULLA KHUDA DAD

CPR No.

800813758

Alternative Payer Individual Id

155095

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
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	092019

Branch No.

BR no.

506

BLD no.

1706

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

SUAD MOHAMED MUBARAK MOHAMED

CPR No.

700704787

Account / Customer No.

150547

Mobile 1

176782532

Mobile 2

39954144

Flat No.

33

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	092019

Branch No.

BR no.

506

BLD no.

1706

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

TUFFAHA SALEM EID ALDAMOOKH ALDOSERI

CPR No.

790308479

Account / Customer No.

150470

Mobile 1

35522514

Mobile 2

Flat No.

41

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

Name of Customer

SHARIFA HASAN MOHAMED ABDULLA

CPR No.

740301446

Alternative Payer Individual Id

152535

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
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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code	430-MOH FM-Beneficiaries Association				

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1706-APT-42-VACANT		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Account / Customer No. <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		Mobile 2 <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 50px; text-align: center;">42</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 50px; text-align: center;">1706</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 50px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 50px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 50px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 50px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 50px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 50px; text-align: center;">120</div>						
Payment method <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>						

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 25px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Alternative Payer Individual Id <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Date Posted</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> </tr> <tr> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> </table> <p>Name:</p> <p>Signature:</p>	Date Posted	Day	Month	Year	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Date Posted</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> </tr> <tr> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> </table> <p>Name:</p> <p>Signature:</p>	Date Posted	Day	Month	Year	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Date Posted		Day	Month	Year											
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>												
Date Posted	Day	Month	Year												
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>												

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

506

BLD no.

1706

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

WAFI 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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code	430-MOH FM-Beneficiaries Association				

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1706-APT-45-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">45</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1706</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>					

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
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
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
Name:			
Signature:			

Date Posted	Day	Month	Year
Name:			
Signature:			

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

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1706		0	1	1	0	2	0	1
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

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

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1706-APT-62-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">62</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1706</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Date Posted</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> </tr> <tr> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td colspan="4">Name: <div style="border-bottom: 1px solid black; width: 150px;"></div></td> </tr> <tr> <td colspan="4">Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div></td> </tr> </table>	Date Posted	Day	Month	Year	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>				Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Date Posted</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> </tr> <tr> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> <tr> <td colspan="4">Name: <div style="border-bottom: 1px solid black; width: 150px;"></div></td> </tr> <tr> <td colspan="4">Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div></td> </tr> </table>	Date Posted	Day	Month	Year	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>				Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Date Posted		Day	Month	Year																											
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																												
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>																															
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>																															
Date Posted	Day	Month	Year																												
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>																												
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>																															
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>																															

Account Opening Form (MOH Facility Management)

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Date Posted</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Name:</td> </tr> <tr> <td colspan="4">Signature:</td> </tr> </table>	Date Posted	Day	Month	Year				Name:				Signature:				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 15%;">Date Posted</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Name:</td> </tr> <tr> <td colspan="4">Signature:</td> </tr> </table>	Date Posted	Day	Month	Year				Name:				Signature:			
Date Posted		Day	Month	Year																											
																															
Name:																															
Signature:																															
Date Posted	Day	Month	Year																												
																															
Name:																															
Signature:																															

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

Branch No.

BR no.

506

BLD no.

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

Building No.

1706

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

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

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	09
2	0	19

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

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

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				Product Code	430-MOH FM-Beneficiaries Association				

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1712-APT-12-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">12</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1712</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	09
2	0	19

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

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	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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1712-APT-15-VACANT		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Account / Customer No. <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		Mobile 2 <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 50px; text-align: center;">15</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 50px; text-align: center;">1712</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 50px; text-align: center;">5355</div>	Beneficiary Contribution (BD)		<div style="border: 1px solid black; width: 50px; text-align: center;">0</div>					
Block No.	<div style="border: 1px solid black; width: 50px; text-align: center;">353</div>	MOH Subsidy (BD)		<div style="border: 1px solid black; width: 50px; text-align: center;">25</div>					
Location	<div style="border: 1px solid black; width: 50px; text-align: center;">Burhama</div>	Tenor (months)		<div style="border: 1px solid black; width: 50px; text-align: center;">120</div>					
Payment method <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>					

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 25px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Alternative Payer Individual Id <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

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

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	092019

Branch No.

BR no.

507

BLD no.

1712

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

HASAN MOUSTAFA ALI ABDELFATTAH

CPR No.

620512970

Account / Customer No.

156184

Mobile 1

39655474

Mobile 2

39655774

Flat No.

16

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
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
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:	-----		

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1712		0	1	1	0	2	0	1
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		4666			

Alternative Payer

Name of Customer	-								
CPR No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	092019

Branch No.

BR no.

507

BLD no.

1712

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

MOHAMED NAEEM ALLAH DIN NASRUDDIN

CPR No.

581006828

Account / Customer No.

149794

Mobile 1

33684920

Mobile 2

Flat No.

24

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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	0	2	0	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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	09
2	0	19

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
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	Beneficiary Contribution (BD)	10		
Building No.	1712		0	1	1		0	2	0
Road No.	5355	MOH Subsidy (BD)		15		Tenor (months)	120		
Block No.	353						1		
Location	Burhama	Co. Code		1		Payment method	Post dated checks		

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: _____			

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	092019

Branch No.

BR no.

507

BLD no.

1712

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

YOUSIF AHMED SALEH AHMED ALRAYASHI

CPR No.

950514233

Account / Customer No.

150225

Mobile 1

33055190

Mobile 2

Flat No.

34

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	QAID ABDULWALI AHAMD 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
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

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

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1712		0	1	1	0	2	0	1
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

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

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year				Branch No.	BR no.	BLD no.	
	2	4	0	9	2	0		1	9	507
Product Code								430-MOH FM-Beneficiaries Association		

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1712-APT-41-VACANT								
CPR No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account / Customer No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile 1	<input type="text"/>				Mobile 2	<input type="text"/>			

Flat No.	<input type="text" value="41"/>	Start Collection Date:	Day	Month	Year				
Building No.	<input type="text" value="1712"/>		0	1	1	0	2	0	1
Road No.	<input type="text" value="5355"/>	Beneficiary Contribution (BD)		<input type="text" value="0"/>					
Block No.	<input type="text" value="353"/>	MOH Subsidy (BD)		<input type="text" value="25"/>					
Location	<input type="text" value="Burhama"/>	Tenor (months)		<input type="text" value="120"/>					
Payment method			<input type="text"/>			Co. Code		<input type="text"/>	

Alternative Payer

Name of Customer									
CPR No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

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

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1712-APT-43-VACANT		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Account / Customer No. <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>		Mobile 2 <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 50px; text-align: center;">43</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 50px; text-align: center;">1712</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 50px; text-align: center;">5355</div>	Beneficiary Contribution (BD)		<div style="border: 1px solid black; width: 50px; text-align: center;">0</div>					
Block No.	<div style="border: 1px solid black; width: 50px; text-align: center;">353</div>	MOH Subsidy (BD)		<div style="border: 1px solid black; width: 50px; text-align: center;">25</div>					
Location	<div style="border: 1px solid black; width: 50px; text-align: center;">Burhama</div>	Tenor (months)		<div style="border: 1px solid black; width: 50px; text-align: center;">120</div>					
Payment method <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Co. Code		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>					

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 25px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Alternative Payer Individual Id <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	09
2	0	19

Branch No.

BR no.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	09
2	0	19

Branch No.

BR no.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

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	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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
Product Code				430-MOH FM-Beneficiaries Association					

MOH Facility Management Account No.

Beneficiary

Name of Customer	MOH-BLD-1712-APT-52-VACANT		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Account / Customer No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Mobile 1	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Mobile 2	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

Flat No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">52</div>	Start Collection Date:	Day	Month	Year				
Building No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">1712</div>		0	1	1	0	2	0	1
Road No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">5355</div>	Beneficiary Contribution (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">0</div>						
Block No.	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">353</div>	MOH Subsidy (BD)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">25</div>						
Location	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">Burhama</div>	Tenor (months)	<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center;">120</div>						
Payment method		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	Co. Code		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				

Alternative Payer

Name of Customer	<div style="border: 1px solid black; width: 550px; height: 20px;"></div>		
CPR No.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name: <div style="border-bottom: 1px solid black; width: 150px;"></div>			
Signature: <div style="border-bottom: 1px solid black; width: 150px;"></div>			

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	092019

Branch No.

BR no.

507

BLD no.

1712

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

ABDULSATTAR SARDAR MOHAMMAD BUKSH

CPR No.

631200568

Account / Customer No.

149841

Mobile 1

39870416

Mobile 2

Flat No.

56

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1712		0	1	1	0	2	0	1
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.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Name:		
Signature:		

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Name:		
Signature:		

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	09
2	0	19

Branch No.

BR no.

507

BLD no.

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

Building No.

1712

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

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

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

Account Opening Form (MOH Facility Management)

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

Operation Department

Date Posted	Day	Month	Year
Name: _____			
Signature: _____			

Date Posted	Day	Month	Year
Name: _____			
Signature: _____			

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1718		0	1	1	0	2	0	1
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

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

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
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	Beneficiary Contribution (BD)	10						
Building No.	1718		0	1	1		0	2	0	1	9	MOH Subsidy (BD)	15
Road No.	5355												
Block No.	353												
Location	Burhama										Tenor (months)		120
Payment method	Deduction List	Co. Code	4211										

Alternative Payer

Name of Customer	-												
CPR No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	092019

Branch No.

BR no.

508

BLD no.

1718

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

ASMA GHULOOM MOHAMMED HUSSAIN

CPR No.

890606897

Account / Customer No.

147847

Mobile 1

33868681

Mobile 2

Flat No.

15

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	09
2	0	19

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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	Beneficiary Contribution (BD)	10		
Building No.	1718		0	1	1		0	2	0
Road No.	5355	MOH Subsidy (BD)		Tenor (months)		Co. Code	1		
Block No.	353								
Location	Burhama	Payment method		Post dated checks					

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

<u>Prepared By</u> ----- <u>Head of Property Management</u> -----	<u>Checked By</u> -----
----------------------------------------------------------------------------	----------------------------

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

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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
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.	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Alternative Payer Individual Id	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Name:			
Signature:			

Date Posted	Day	Month	Year
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
Name:			
Signature:			

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	092019

Branch No.

BR no.

508

BLD no.

1718

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

FAYZA ABBAS YAQOOB YUSUF

CPR No.

720501431

Account / Customer No.

147849

Mobile 1

36484824

Mobile 2

Flat No.

24

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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	Beneficiary Contribution (BD)	10		
Building No.	1718		0	1	1		0	2	0
Road No.	5355	MOH Subsidy (BD)		Tenor (months)		Co. Code	3900		
Block No.	353						15		
Location	Burhama								
Payment method	Deduction List								

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

<u>Prepared By</u> ----- <u>Head of Property Management</u> -----	<u>Checked By</u> -----
----------------------------------------------------------------------------	----------------------------

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

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	09
2	0	19

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	092019

Branch No.

BR no.

508

BLD no.

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.

790806339

Account / Customer No.

150160

Mobile 1

39000802

Mobile 2

39694849

Flat No.

34

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

Name of Customer

ISA AHMED ALI ABDULLA AMMAR

CPR No.

520032047

Alternative Payer Individual Id

150161

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
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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
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				
Building No.	1718		0	1	1	0	2	0	1
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:			

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	092019

Branch No.

BR no.

508

BLD no.

1718

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

MAHMOOD QAIDI GHULAM ALYAEI SHAEI

CPR No.

700903852

Account / Customer No.

150159

Mobile 1

39659660

Mobile 2

Flat No.

36

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1718		0	1	1	0	2	0	1
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.	<input type="text"/>	Alternative Payer Individual Id	<input type="text"/>

Prepared By

Checked By

Head of Property Management

Retail Banking Department

Operation Department

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

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

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

Account Opening Form (MOH Facility Management)

Form Date:	Day	Month	Year	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
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				
Building No.	1718		0	1	1	0	2	0	1
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	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

Operation Department

Date Posted	Day	Month	Year
Name:			
Signature:			

Date Posted	Day	Month	Year
Name:			
Signature:			

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

Tenor (months)

120

Payment method

Deduction List

Co. Code

1

Alternative Payer

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

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	09
2	0	19

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
				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				
Building No.	1718		0	1	1	0	2	0	1
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
Name:			
Signature:			

Date Posted	Day	Month	Year
Name:			
Signature:			

Account Opening Form (MOH Facility Management)

Form Date:

Day	Month	Year
2	4	092019

Branch No.

BR no.

508

BLD no.

1718

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

JASIM ABDULHADI AHMED ABDULLA

CPR No.

851000630

Account / Customer No.

147750

Mobile 1

35520308

Mobile 2

Flat No.

53

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

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	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.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	092019

Branch No.

BR no.

508

BLD no.

1718

Product Code

430-MOH FM-Beneficiaries Association

MOH Facility Management Account No.

Beneficiary

Name of Customer

AHMED ISMAEEL MUBARAK ABDULLA

CPR No.

691003530

Account / Customer No.

139458

Mobile 1

39274974

Mobile 2

Flat No.

55

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	102019

Beneficiary Contribution (BD)

10

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	Branch No.	BR no.	BLD no.			
	2	4	0		9	2	0	1	9
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				
Building No.	1718		0	1	1	0	2	0	1
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	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

Operation Department

Date Posted	Day	Month	Year
Name:			
Signature:			

Date Posted	Day	Month	Year
Name:			
Signature:			

Account Opening Form (MOH Facility Management)

Form Date:

Day Month Year

2 4 0 9 2 0 1 9

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day Month Year

0 1 1 0 2 0 1 9

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day Month Year

Name:

Signature:

Operation Department

Date Posted

Day Month Year

Name:

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	09
2	0	19

Branch No.

BR no.

508

BLD no.

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

Building No.

1718

Road No.

5355

Block No.

353

Location

Burhama

Start
Collection
Date:

Day	Month	Year
0	1	10
2	0	19

Beneficiary Contribution (BD)

10

MOH Subsidy (BD)

15

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

Date Posted

Day	Month	Year

Name:

Signature:

Operation Department

Date Posted

Day	Month	Year

Name:

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