

نموذج طلب فتح حساب شخصي

Retail Products Application Form



Date: 24/09/2018

Serial No. WI Name

Please write in CAPITAL LETTERS

Are you an existing customer?*

If Yes, Account / Credit card No. *

I wish to open a Joint Account NO

الرجاء ا بخل لكناة واضل

*لالي عمل

إذاعم ، ر قم الحساب / لالحالي
بطاقة ائتما *

الحسابات المشتركة

PRIMARY APPLICANT

مقدم الطلب الرئيسي

MY PERSONAL INFORMATION

البيانات الشخصية

Full Name as per passport* FIRST NAME FOR 22
Mr. *

الحو حسب بالكلامل لاسم از * لسفر

ا لوالسيدة انسة

Identification Document No. * AE2221180

ر تعريف قم المستندات *

(ا خترو لحدقمستند قائمة من ات ا تعريف الشخصية
المذكورة أعلاه)
على (ا في لمقمنندو لة الامارات تقديم الهوية الاماراتية

(Select one of the listed IDs)

(UAE Resident to provide Emirates ID No.)

Gender* Male	الجنس* ذكر أنثى	Marital Status* SINGLE	الحالة ا جتماعية* متزوج أعرب
Mother's Maiden Name*& MOM (Mandatory only if applying for a Debit Card)	اسم الام قبل الزواج* (الزاعي فقط عند التقديم لبطاقة الخصم المباشر)	Country of Residence* United Arab Emirate	دولة السكن* ا مارات منذ
		UAE Since 4.2	أخرة حدد
		Other Specify	

MY EMPLOYMENT DETAILS

رقم

IF SALARIED (AED)

رقم

Office addresss and employment details

عنوان ا تفاصيل / لعمل الوظيفة

Employment type* Salaried

الرجاء ا عمل ص

Other

أربه منزل أخرة

Designation* NO	المنصب*	Company Name*	اسم ا لشركة
Department*	القسم*	Employee No.	ر قم التوظيف
Emirates of work* AL AIN	إمارات*	Head office Emirates*	دولة

Employment type* Salaried

نوالوظيفة*

Date of Joining 24/07/2014

تاريخ

Confirmed employee YES

رقم

Previous Employer in UAE

رقم

Date of Joining*

قر
م
*

Date of Leaving*

رقم

IF SELF EMPLOYED

رقم

Name of Business	الشركة *
RAK Bank account number of company (if available)	رقم
Years since in Business (Self-Employed) *	رقم
Emirates of work * <EmirateOfWorkself>&	إمارات * <HeadOfficeEmiratesself>&

MY INCOME DETAILS

رقم

SALARIED (AED)

رقم

Basic: <Basic>&	رقم	Housing: <housing>&	رقم
Transport: <transport>&	رقم	Cost of Living : <CostOfLiving>&	رقم
Fixed OT: <FixedOT>&	رقم	Other	رقم
Gross Salary: <grossSal>&	رقم		

Other accessed income	Month 1	Month 2	Month 3
Overtime	<Overtime_Month1>&	<Overtime_Month2>&	<Overtime_Month3>&
Commission	<Commission_Month1>&	<Commission_Month2>&	<Commission_Month3>&
Fixed allowance			
Phone allowance	<PhoneAllow_Month1>&	<PhoneAllow_Month2>&	<PhoneAllow_Month3>&
Service allowance	<serviceAllow_Month1>&	<serviceAllow_Month2>&	<serviceAllow_Month3>&
Bonus	<Bonus_Month1>&	<Bonus_Month2>&	<Bonus_Month3>&
Flying	<Flying_Month1>&	<Flying_Month2>&	<Flying_Month3>&
Other	<Other_Month1>&	<Other_Month2>&	<Other_Month3>&

Praxis.LT-Uigh

Accommodation provided <Accommodation>&

رقم

Salary day <SalaryDay>&	رقم	Salary transfer to Bank <Salary_transfer>&	رقم
Duration of banking relationship <DurationOfBanking>&	رقم	Statement cycle	رقم

IF SELF EMPLOYED (AED)

رقم

	Avg. Balance	Total Credit Transfer	Avg. Credit Turnover	Annual Rent	
Frequency	<AvgBalFreq>&	<CreditTurnoverFreq>&	<AvgCredTurnoverFreq>&	<AnnualRentFreq>&	رقم
Value	<AvgBal>&	<CredTurnover>&	<AvgCredTurnover>&	<AnnualRent>&	رقم

DETAILS OF CREDIT CARDS

رقم

DECLARATION FOR EXTENDED LIABILITIES

رقم

Issuing Bank Name

رقم

Credit Limit	رقم	Quick Cash Aailed	رقم
QC EMI	رقم	Consider for Obligation* Yes	رقم*

Issuing Bank Name

رقم

Credit Limit	رقم	Quick Cash Aailed	رقم
QC EMI	رقم	Consider for Obligation* Yes	رقم*

* If you wish not to consider for obligation, please provide undertaking for cancelation, closure, or reduction of card or card limit

*If you wish not to consider for obligation, please provide undertaking for cancelation, closure, or reduction of card or card limit

DETAILS OF LOANS

رقم

	رقم Name of Bank / Company	رقم Monthly Instalment	رقم Tenor	رقم Balance Outstanding	رقم Consider for Obligation* Y/N	
Personal Loan		&<emi>&	&<tenor>&	&<outstanding>&	&<obligations>&	رقم
Auto Loan		&<emi_auto>&	&<tenor_auto>&	&<otstanding_auto>&	&<obli_auto>&	رقم
Mortgage Loan						رقم
Overdraft						رقم
Employers Loan						رقم
Others		&<emi_car>&	&<tenor_car>&	&<otstanding_car>&	&<obli_car>&	رقم

* If you wish not to consider for obligation, please provide undertaking for cancellation, closure, or reduction of loan

*If you wish not to consider for obligation, please provide undertaking for cancellation, closure, or reduction of loan

MY ADDRESS & CONTACT DETAILS

رقم

MY OFFICE ADDRESS

رقم

Office / Shop No.*		رقم المكتب/ المحل*	Street / Location &<location_ofc>&		اسم الشارع / الموقع
Building / Villa Name		&<building_ofc>&			اسم المبنى / الفيلا
Nearest Landmark		&<landmark_ofc>&	أقرب معلم بارز	P.O. Box * &<pobox_ofc>&	صندوق البريد *
Emirates / City*		&<city_ofc>&	إمارة / المدينة*	Country * &<country_ofc>&	الدولة *

MY RESIDENCE ADDRESS

رقم

Residence address*

عنوان السكن

Flat / Villa No. *	&<flat_resi>&	رقم / لشقة* لفيلا
Building / Villa Name	&<building_resi>&	إسم المبنى/ الفيلا
Street / Location	&<street_resi>&	إسم الشارع / الموقع
Nearest Landmark	&<landmark_resi>&	أقرب معلم رز
P.O. Box *	&<pobox_resi>&	صندوق إ* لبريد
Emirate / City *	&<city_resi>&	إمارة / لمدينة *
Country *	&<country_resi>&	الدولة *

Home country address * 1 * عنوان السكن في الوطن الـام

Flat / Villa No.	&<flat_home>&	رقم / لشقةالفيلا
Building / Villa Name *	&<building_home>&	إسم المبنى* لفيلا
Street / Location *	&<street_home>&	إسم الشارع / إ* لموقع
Nearest Landmark	&<landmark_home>&	أقرب معلم رز
City *	&<city_home>&	إ* لمدينة
ZIP / PIN Code	&<pobox_home>&	صندوق البريد
Country *	&<country_home>&	الدولة *

Residence type Owned

أخرى

Preferred mailing address* Residence

عنوان البريد المفضل*

MY CONTACT

رقم

Mobile 1 * &<MobileNo1>&

رقم الجوال

Residence contact No. &<ResidenceNo>&

هاتف السكن

Office contact No. &<OfficeNo>&

هاتف المكتب

Home Country contact No. * &<HomeCountryNo>&

هاتف في هاتف
إ* لالام

Fax

فاكس

Email ID 1 * &<Email1>&

إلبريدالكثر وإ* ني

Email ID 2

&<Email2>&

إلبريد إلكتروني 2

Note: Bank will record mobileland email ID1 as preferred contact.

ملاحظة: سوف يقوم البنك بتدوين رقم هاتفك الجوال وإبريدك الإلكتروني كبيانات الاتصال المفضلة

MY FRIENDS DETAILS

رقم

Reference Name 1 *

1 بالكامل لاسم

Relationship with applicant *	رقم *	Mobile phone *1	رقم الجوال *
Address *			عنوان *

Reference Name 2 *

Mr.

2 بالكامل لاسم
نسبة

Relationship with applicant *	رقم *	Mobile phone *1	رقم الجوال *
Address *			عنوان *

STATEMENT / ADVICE DELIVERY

بيان / إشعار التسليم

Please deliver all communication by e-Statement

Important Note: By requesting for 'e-statement(s)' and providing the email address in the contact details, I/We agree and confirm that all statement/advices pertaining to any accounts or Credit Cards under my/our name(s) should be sent to me/us to the e-mail ID provided.

By requesting for 'Mail', I/we agree & confirm that all the statements/advices pertaining to any account under my/our name will be sent to me/ us through post, and monthly charges will be charged to my/our account as per the Service and Price guide.

Statement frequency will automatically be placed as monthly. Quarterly statement will be sent for Call deposit account.

البريد

للكشف طلبى بموجب: هامة ملاحظات الكثر و نيوتوز ويديعنو للبنك انبردي الكثر وفي ني بيانات اتصا ل. او ا فؤاؤيا كدن يتم إرسال كافة اخطا رات والكشفات اساباتي د بكافة تتعلق لتي و بطقاتي ابو تتمانية ابريد سطفي الكثر و ني المقدجيانا في ت اتصا ل.

« طلب طريق عن» لبريد، فائنا /فائني اوا فؤاؤنو /كدا فؤيا نوكن جميع البيانات / اشعا رات ابا لمعلقة حساب تحت ا /سمي ا سو سمانفخلا من لنا /لي ترسل ل البريد، وسوف يتم احتساب رسوم ريشه و حسابنا /حسابي من خصمهاو لدليل الفالخدمات واسعالار.

سيتم إرسال كشف الحساب شهر كل تلقانيا اللو بالنسبة ماد تحت يعة سيتم لطلب إرسال كشف الحساب ثلاثة كل أشهر

JOINT APPLICANT

Only fill if opening a joint account

Is Joint Applicant an existing customer? YES

Account / Credit card No.*

مقدم الطلب الرئيسي

ساحب هل الحساب المشترك التعم

إذ نعم ، رقم الحساب / لحالي
بطاقة يتما ن*

MY PERSONAL INFORMATION

البيانات الشخصية

Full Name as per passport * &<customer_name>&

Mr.

اجو حسب بالكامل لاسم ا * لسفر

Identification Document No. * &<PassportNo>&

ID (Select one of the listed IDs)

(UAE Resident to provide Emirates ID No.)

ر تعريف قم المستندات *
(ا خترو احد مستند قائمة من ات ا لتعريف الشخصية المذكورة اعلاه)
على (ا في لمقينون لة الامارات تقديم الهوية الاماراتية)

Gender *	&<gender>&	ذكر أ أنثى *	Marital Status *	&<MArtialStatus>&	أخرى
Mother's Maiden Name *	&<MotherName>& (Mandatory only if applying for a Debit Card)	اسم الام قبل الزواج * بطاقة لخصم (المباشر ازامي عند فقط التقديم)	Country of Residence *	&<CountryOFResidence>& UAE Since &<years in UAE>& Other Specify	مارات ولة ا لسكن * أخرى

PO Box is mandatory for preferred mailing address (if UAE).

* Mandatory Fields for all customers | * Mandatory for new customers only

سوفيقو م ايند لينكو نيز هتلق كم الجوال حقو * اينك مفضل كرقم ل
إلرا لجمع مية العملاء * | تحقو ل إلرا للعملا مية الج

Residence address*

عنوان السكن

Home country address *1

عنوان السكن في الوطن الأم *1

Flat / Villa No.*	رقم / لشقة/ فيلا
Building / Villa Name	اسم المبنى/ فيلا
Street / Location	اسم الشارع / الموقع
Nearest Landmark	أقرب ما معلم رز
P.O. Box*	صندوق البريد
Emirate / City*	إمارة / مدينة
Country*	الدولة

Flat / Villa No.	رقم / لشقة/ فيلا
Building / Villa Name*	اسم المبنى/ فيلا
Street / Location*	اسم الشارع / الموقع
Nearest Landmark	أقرب ما معلم رز
City*	مدينة
ZIP / PIN Code	صندوق البريد
Country*	الدولة

Residence type Owned

نوع السكن

Office address / Employment details

(For Self Employed provide business details)

عنوان التفاصيل / لعمل الوظيفة

حالة في (العمل) عن تفاصيل تقديم يجب لحر (العمل)

Employment type* Salaried

نوع الوظيفة*

Designation*	المنصب*	Employee No.	رقم التوظيف
Department	القسم	Company/Employer Name*	اسم الشركة/صاحب العمل*
Occupation	الوظيفة	Total years of employment / Business	عدد سنوات الخدمة في العمل الحر/الوظيفة
	Emirate/City*	الدولة/إمارة*	Country*
Gross Salary Amount*	إجمالي الراتب*	Date of joining*	تاريخ التحاق*

Preferred mailing address* ☐ Reside

إن البريد المفضل

Contact details

تفاصيل الاتصال

Mobile 1*	رقم الجوال 1*	Mobile 2	الجوال 2
Residence contact No.	هاتف السكن	Office contact No.	هاتف المكتب
Home Country contact No.*	في هاتف الأم	Fax	فاكس
Email ID 1*	البريد الإلكتروني 1*	Email ID 2	البريد الإلكتروني 2

Note: Bank will record mobile and email ID1 as preferred contact.

ملاحظة: سوف يقوم البنك بتسجيل رقم هاتفك الجوال 1 وبريدك الإلكتروني 1 كبيانات الاتصال المفضلة.

III- ACCOUNTS AND SERVICES

III- تفاصيل الحساب البنكي

☐ I / We wish to open an account as

☐ استلام الراتب، يد اع اموال ال/النفدية ايكاً لشتمن

SELECT ACCOUNT(S) & CURRENCY(IES) FROM BELOW

اختر نوع الحساب/الحسابات والعملات المذكورة ادناه

	درهم AED	دولار USD	يورو EURO	جنيه GBP استرليني	غرام GRM	أخرى OTHE R	حساب لا/تعميم الجدل ر م هاماً را تي بطاقة طلبا لخصم المباشر Debit Card Required For AED A/C where applicable	حساب لا/تعميم الجدل ر م هاماً را تي بطاقة طلبا لخصم المباشر Cheque Book Required For AED A/C where applicable	
Current Account					NA	*			حساب جاري
RAKvantage Account			NA	NA	NA	NA			حساب ر الشانتيج
Savings Account					NA	*		NA	حساب توفير
RAKsave Account		NA	NA	NA	NA	NA		NA	حساب ر الكسيف
Fast@Saver			NA	NA	NA	*		NA	ود عند يعة الطلب
Call Account					NA	*	NA	NA	راك غولد إنقست
RAKGoldInvest	NA	NA	NA	NA		NA	NA	NA	سيفر @ فاست
Others (Specify)	كتابة Currency								أخرى (بالتحديد)

* Other currencies will be considered by the Bank on a case-to-case basis.

(Statement Frequency is Monthly by default if Debit Card is issued)

للعمل بالنسبة *ت اخلاي سو فيقوم ا على معها بالتعامل لبنك أساس حالة كل حد على سو (النفقة). ف كشف جيتد يتم احساب تلحا في إشر إحصار بمقبطا ا خصم (الشباب)

MY DEBIT CARD/ CHEQUE BOOK DETAILS

☐ نعم، طلب بطاقة الخصم المباشر

First Applicant

Name on Debit Card &<customer_name>&

المخول 1: بالتوقيع

ابالكامل لاسم

Joint Applicant

Name on Debit Card

المخول 1: بالتوقيع

ابالكامل لاسم

Deliver cheque book and debit card to Courier

اخلا من لتوصيل البريد الفرع

ACCOUNT

استخدام الحساب

Will your Account be used for:

- ☐ Receipt of salary, occasional
- ☐ deposits up to the same amount as salary
- ☐ Other - please complete KYC profile

سيستخدم هل مل حسابك : استلام

الراتب، يد اع اموال ال/النفدية الشيكاتمن

يعا بمبلغ خر حين دل الراتب

أسباب أخرى - الرجاء تعبئة استمارة بالمعلوما لخاصة ا عن لشخصية العميل

MARKETING / PROMOTIONAL

ا لرسائل لنصية الترو/يجية التسويقية

- ☐ Please do not send me any special offers marketing/promotional SMS

&<sms>&

عد يرجى ☐ م إرسال ربالعر تتعلق نصية سائلوض الترو يجية أو التسويقية

- I AM INTERESTED IN RAKVALUE FOR MY

لا،

RAKvalue

رالفاليو

Do you want to apply for RAKvalue Yes

If yes, please select account

Current Account

■ RAKvantage Account

Package Selected:

Extra (AED 50 p.m.)

■ Superior (AED 80 p.m.)

■ Ultimate (AED 120 p.m.)

إذا أنعم جيت، اختر الحساب
حساب رالك فانتج الحساب
الجاري

الباقة المختارة: (50 ضافية در 11) شهريهما لرا (80 قيت در 11) شهريهما
(120 درهم شهريهما)

Debit Authority for activation I/We authorise RAKBANK to immediately debit my/our Account as selected above toward the fees applicable to the Package Selected by me/use above. And I/We hereby authorise RAKBANK to debit my/our Account (as selected above) on 25th of every subsequent months thereafter until cancellation towards the recurring payment applicable to the Package Selected by me/us above under RAKvalue.

Debit Authority for activation I/We authorise RAKBANK to immediately debit my/our Account as selected above toward the fees applicable to the Package Selected by me/use above. And I/We hereby authorise RAKBANK to debit my/our Account (as selected above) on 25th of every subsequent months thereafter until cancellation towards the recurring payment applicable to the Package Selected by me/us above under RAKvalue.

III- CREDIT CARDS AND SERVICES

III-تفاصيل الحساب البنكي

I wish to apply for a credit card

رقم

SELECT YOUR CHOICE OF CARD

رقم

WorldCard

وأخرة

Name as it should appear
on your card

ايجب كما ان على يظهر بالانتمانية P التابعة

حر (19 فتر يجب - حد أقصى ك بين مسافة اسماء كتابة يجب 1. كما سم
جو في مبن هواز 1) لسفر

(Maximum 19 characters, leave one space between names.
Name should be derived from passport)

Deliver card by

Courier

الفرع

Please open new current account in AED currency in my sole name
for security cheque purposes only.

Please open new current account in AED currency in my sole name
for security cheque purposes.

STANDING INSTRUCTION FOR DIRECT

التعليمات لخصم لأمانة المباشر

☐ Debit my / our
RAKBANK A/C
Number:

يرجى افي حسابي من لخصم
راك بنك رقم

☐ Direct Debit Authority
* Please fill the separate Direct Debit Authority - Credit Card

بالخصم تفويض المباشر
يرجى ا في حسابي من لخصم راك بنك رقم
لسداد مستحقا ت بطاقة ا: خاصتي لانتمانية

Form towards settlement of my Credit Card dues:

ويقيمها لحداد نى انسية لمستحق تق ر يخ الاستحقاق اليوم
شهر كل من

for minimum payment due

on payment due date

towards settlement of my Credit Card dues:
for minimum payment due

لسداد مستحقا ت بطاقة ا: خاصتي لانتمانية
ويقيمها لحداد نى النسبة

اليوم شهر كل من

on payment due date or

WOULD YOU LIKE SUPPLEMENTARY

1 تابعة بطاقة طلب

Supplementary Card 1

رقم

Full Name

الاسم

Mr

<first_sup>& <middle_sup>& <lasu>&

بالكامل السيدة

(Name as in Passport of Supplementary Card Applicant)

(ا حسب سم الجواز لمقدم طلب البطاقة)

لتابعة

Name as it should appear

<card_embossing>&

on your Card

ا يجب كما سم أن على يظهر
البطاقة ثمانية التابعة

(Maximum 19 characters, leave one space between names.

Name should be derived from passport)

(٩١ حرف فتر يجب -حد كاقصى ك بين مسافة اسماء كتابة يجب .اسم
جو في مبن هو كما ز ا) لسفر

بطاقة

Identification Document No. *

<passport_sup>&

ID (Select one of the listed IDs)

Relationship to Primary
Cardholder

<Relationship>&

ا حامل مع لعلاقة لبطاقة

Mother's Maiden Name *

إسم الام الاول *

Mobile *

<mobile_sup>&

جوال *

Monthly spending
limit (if any)
AED

حد/سقف لبطاقة
ابال لتابعترهم

Note: Transaction alerts for usage of Supplementary Card will be sent to the above
mentioned mobile number of Supplementary Cardholder.

سيتم :ملاحظة إرسال ر عند تنبيه سائل استخدام ا لبطاقة اضافية ا لمر قم الجوال المذكور أعلاه
لصاحب البطاقة اضافية

Supplementary Card 2

Full Name

■ Mr.

&<first_sup2>& &<middle_sup2>& &<last_sup2>&

(Name as in Passport of Supplementary Card Applicant)

(ا حسب سم الجواز لمقدم طلب البطاقة)

الرقم
الكامل لاسم
السيد

Name as it should appear
on your Card

&<card_embossing2>&

ا يجب كما سم أن على يظهر
البطاقة تختماني التابعة

(Maximum 19 characters, leave one space between names.
Name should be derived from passport)

(٩١ حرف فتر يجب حد أقصى لك بين مسافة اسماء كتابة يجب اسم
جو في مبن هو كما از ا)

بطاقة

Identification Document No.*
ID (Select one of the listed IDs)

&<passport_sup2>&

Relationship to Primary
Cardholder

&<Relationship2>&

ا حامل مع لعلاقة البطاقة

Mother's Maiden Name*

إسم الام الاول*

Mobile*

&<lbm>&

جوال*

Monthly spending
limit (if any)
AED

حد/سقفًا لبطاقة
ابالذ لتابعهم

BALANCE TRANSFER

رقم

Please Debit my:

☐ RAKBANK Credit Card for AED

د.إ.

الرجاء
راك

Transfer to my other credit card

Credit Card Number *

&<BT_CARD>&

رقم*

Bank Name

رقم*

Name on the other Credit Card *

رقم*

Dispatch mode

Branch

الفرع

رقم

INSTANT MONEY

رقم

Note: Balance Transfer Cheque(s) will be issued only
for requests worth more than AED 1,000 or more

Note: Balance Transfer Cheque(s) will be issued only for requests worth
more than AED 1,000 or more

Please Debit my:

☐ RAKBANK Credit Card for AED

د.إ.

الرجاء
راك

Transfer to my other credit card

Credit Card Number *

&<IM_CARD>&

رقم*

Bank Name

رقم*

Name on the other Credit Card 1*

رقم*

Dispatch mode

Branch

الفرع

رقم

same.

I am interested in RAKvalue for my CREDIT CARD

رقم

Package Selected:

■ Premium (AED 79 p.m.)

*Prepaid Card will be only issued to Primacy Accountholder, if RAKvalue is selected.

Prepaid Card

■ I/We agree to receive* RAKBANK's Prepaid Card and hereby confirm that I/we have read
understood and received RAKBANK's Terms and Conditions governing Prepaid Cards for
issuance and usage of Prepaid Card offered by RAKBANK and agree to be bound by the

Debit Authority for activation I/We authorise RAKBANK to immediately debit my Credit card
towards the fees applicable to the Package Selected by me/us above. And I/We Thereby authorise
RAKBANK to debit my Credit Card on every subsequent months thereafter until cancellation towards
the recurring payment applicable to the Package Selected by me/us above under RAKvalue.

Prepaid Card

I/We agree to receive* RAKBANK's Prepaid Card and hereby confirm that I/we have read and understood and received RAKBANK's Terms and Conditions governing Prepaid Cards for issuance and usage of Prepaid Card offered by RAKBANK and agree to be bound by the same

.Prepaid Card will be only issued to Primacy Accountholder, if RAKvalue is selected*

Debit Authority for activation I/We authorise RAKBANK to immediately debit my Credit card towards the fees applicable to the Package Selected by me/us above. And I/We hereby authorise RAKBANK to debit my Credit Card on every subsequent months thereafter until cancellation towards the recurring payment applicable to the Package Selected by me/us above under RAKvalue

* حقول إلزامية

* Mandatory Fields

III- PERSONAL LOAN AND SERVICES

III-تفاصيل الحساب البنكي

☐ I wish to apply for a personal loan

رقم ☐

LOAN INFORMATION

Loan type *

☒ New

نوع القرض

Loan amount*	&<Loan_amt>&	مبلغ القرض*	First Instalment	&<first>&	تاريخ القسط الأول*
Monthly instalment*	&<monthly>&	القسط الشهري*	Last Instalment		تاريخ آخر قسط*
Repayable balance*		مجموع القرض*	Fees	&<loan_fees>&	(الرسوم (درهم
Interest Rate % p.a.	&<InterestRate >&	معدل الفائدة % السنوي *	Tenor	&<Tenor_l>&	مدة القرض (شهر/بنا)
Total Interest		الفائدة * جمالية	Purpose		سبب القرض*

Minimum acceptable loan amount

رقم

Fees:

- New Loan: 1% of loan amount maximum of AED 2,500
- Top-up Loan: 1% of top-up amount of maximum of AED 2,500

الرسوم :

☐ القرض ا - لجديد % مبلغ من 1 القرض بحد 500 قصي, 2-
☐ دلي هم زيادة على القرض ا - لحالي % من 1 بحد لمبلغ 500 قصي, 2 درهم

Insurance Fees:

- New Loan: 0.5% of loan amount
- Top-up Loan: 0.5% of top-up amount

رسوم : لتأمين

☐ قرض - جديد 5%, قيمة من 0 القرض
زيادة القرض - 5%, قيمة من 0 الزيادة

GOOD HEALTH STATEMENT

- I hereby declare and certify that I am in sound health, that I am currently actively at work with no health restriction due to sickness or accident, that I have not during the past 12 months been unable to work more than 15 days due to sickness or accident and that I have not been hospitalized for more than 10 days during the past 12 months.
- I am unable to certify the above health statement and have completed the Medical Questionnaire for your consideration. I understand that after reviewing this Medical Questionnaire you may request me to go for medical test.

☐ ا قرو أجيد صحة بانتي شهدة وأمارس عملي دون أي مو امر تتعلق صحة نعض أو أي طيلت و بانتي طيلة 12 شهر (12) الم لماضية عن نقطع ال (15) من كثر ل لعمل أسباب يطر تتعلق وف مرضية أو إصابات و يتم لم للمستشفى حالي عشر من كثره أيام طيلة ال 12) الم الماضية

☐ بما ا قرو رغبني در على إثبات اقر ار ا لصحي اعلالذ ا فقد ا كملت استبيان الصحي لعنايتكم أو ا بعد فق ا هذ على طلاعكم استبيان ا تطلبو قد بانكم لطبي مني اجراء الفحص الطبي

إذا كان ابصد لينا للقر قسط تأجيل وض ا لمنظمتم أو فاني ا ذلك مؤهل تأريقبو غيل هذا ا لتأجيل

If the Bank grants a general Instalment deferral on regular loans and I am eligible, I wish to accept this deferral.

نعم ☐ لا ☐

- Yes ☐ No ☐

GUARANTOR DETAILS IF

رقم

Full Name as in passport* &<first>& &<middle>& &<last>&
■ Mr.

ا بالكامل لاسم الد

Identification Document No.* &<passport>&

بطاقة

Mother's Maiden Name*

إسم الم الاول*

Mobile*

جوال *

Monthly spending limit (if any) AED

حد/سقف لبطاقة ابالد لتابعترهم

Office Address*

عنوان المكتب*

Office / Shop No.*	رقم المكتب/ المحل *	Street / Location &<location_ofc>&	اسم الشارع / الموقع
Building / Villa Name &<building_ofc>&			إسم المبنى / الفيلا
Nearest Landmark &<landmark_ofc>&	أقرب معلم بارز	P.O. Box * &<pobox_ofc>&	صندوق البريد *
Emirates / City* &<city_ofc>&	إمارة / المدينة *	Country * &<country_ofc>&	الدولة *

Residence address*

عنوان السكن*

Flat / Villa No.*	&<flat_resi>&		رقم / لشقة* فيلا
Building / Villa Name	&<building_resi>&		إسم المبنى/ الفيلا
Street / Location	&<street_resi>&		اسم الشارع / الموقع
Nearest Landmark	&<landmark_resi>&		أقرب معلم رز
P.O. Box *	&<pobox_resi>&		صندوق البريد *
Emirate / City*	&<city_resi>&		إمارة / المدينة *
Country*	&<country_resi>&		الدولة *

FOR TAKE-OVER PERSONAL

رقم

Please fill the Remittance Details:

رقم

- Please issue Manager Cheque
- All Charges to my account

رقم

Name / in favor of *	رقم *	IBAN *	رقم *
Account with Bank *	رقم *	Bank Address (if known) &<takebank>&	رقم *
Debit amount (AED) * &<takeamount>&	رقم *	Amount in Words	رقم *

رقم

- For reimbursement my existing Account No.
- or New current Account / Additional Current Account as per section 2 of this application.

رقم

TERMS AND

شروط وإحكام

Consent for disclosure of information

I hereby consent and agree that the Bank:

- may disclose information regarding me, including, but not limited to, information regarding my personal and financial situation, defaults in payments and any other matter related to my account or any facilities or products made available to me or over which I have control either as shareholder, authorised signatory or otherwise with the Bank ("Credit Information") to any other commercial and investment banks, financial institution, credit information company or entity (including, without limitation the Al Etihad Credit Information Company PJSC), debt collection agency or any local, federal or regulatory agency or any member of the Bank's group including any subsidiary or related company in the UAE or in any other jurisdiction irrespective of whether the Bank operates or undertakes any form of business in that jurisdiction (each a "Relevant Entity");
- may obtain any Credit Information relating to me or any entity over which I have control either as shareholder, authorised signatory or otherwise from any Relevant Entity and may apply or use such Credit Information in making any credit or other assessment in relation to my accounts or facilities (or proposed accounts or facilities) with the Bank;
- shall have no liability or responsibility to me including any entity over which I have control either as shareholder, authorised signatory or otherwise or any third party relying on any Credit Information provided by the Bank to any Relevant Entity (or, in the event of onward transmission of such Credit Information by that Relevant Entity) provided such Credit Information is provided in good faith and with reasonable care and without any requirement that such Credit Information be updated or checked by the Bank in the event that my personal or financial situation or that of any entity over which I have control either as shareholder, authorised signatory or otherwise may subsequently change or further information is provided by me to the Bank; and
- is providing Credit Information to each Relevant Entity for my benefit and accordingly the Bank shall be indemnified by me for any loss, cost, claim or damage incurred or sustained by the Bank as a result of providing such Credit Information in the event that any third party (including any Relevant Entity) brings any claim related to the provision of or reliance on such Credit Information provided that such information has been provided by the Bank in good faith and with reasonable care.

Nature of RAKGoldInvest and major risk factors

The RAKGoldInvest is a non-principal protected, uninsured and non-interest bearing account. Market prices for gold can increase as well as decrease. For the customer to receive a return from the RAKGoldInvest the price of gold would need to increase sufficiently over the investment period. A loss may result from any investment in gold. The value of gold in a customer's RAKGoldInvest will be determined by the buying and selling prices quoted by RAKBANK from time to time in its sole and absolute discretion. These prices are subject to all factors deemed relevant by RAKBANK including but not limited to the international market price of gold, volatility and liquidity of world and local market conditions, applicable exchange rates (in particular of USD, AED or other foreign currency adopted) and the margin charged by RAKBANK. Price movements in the international market price of gold might not directly correlate with similar percentages of buying or selling price as quoted by RAKBANK. The general economic and political climate, general movements in local and international investment markets, prevailing and future economic conditions, investor sentiment, interest rates, and other events and factors outside the control of RAKBANK (including world events such as terrorism, war, or political trends) could also affect the price of gold as quoted by RAKBANK. This does not purport to be a comprehensive summary of all of the risks associated with the RAKGoldInvest and cannot identify all of the relevant considerations that may be a risk for each customer and is not a substitute for independent advice.

Declaration/Mandate

Please open and/or continue Savings/Current/Call Deposit and/or any other account(s) in my/our names denominated in UAE Dirhams (or such other currencies as we may request and you may approve from time to time). I/We confirm that I/we

have received, read and understood the The National Bank of Ras Al Khaimah (Public Joint Stock Company) terms and conditions governing Personal Accounts and the terms and conditions for Digital Banking "Terms and Conditions" and I/we agree to be bound by these Terms and Conditions. The Terms and Conditions apply to each and every account of whatsoever nature opened or continued in the same name(s) by the Bank or its successors or assigns.

If applied for RAKGoldInvest

By signing this application I/We confirm (i) to have read, understood and accept the fundamental nature and risks of the RAKGoldInvest outlined above (ii) to have relied

البنك ١. افصلا ح عن المعلومات اتخصني لتي هي (بنك رأس الخيمة الوطني) معلومات
 ا بوضعي لخاصة لشخصي والمالي وا عن لتخلف السداد وأي مسائل أخرى بحسابي ترتبط أو أي
 تسهيلات أو منتجاً تخلا من عليها حصلت ل (البنك المعلومات ١) لانتماية أو تحت تقع لتي
 سو تحكيماء كمساهمين أو بالتوقيع مخولين أو خلا ف ذلك، وذلك لكي يبنو ك استثمار يثاؤ
 أوتجا ر يآخرى أو مؤسسات مالية أو شركا كمعلومات ا في بما (نتمانيتلك، من دون حصر ،
 شركة الاتحاد للمعلومات ا لانتمايتش.م.ع) أو وكالات تحصيل الديون أو أي محلية جهة اتحاد يثاؤ
 تشريعية أو أي مجموعة في عضو البنك، في بما ذ لك أي تابعة شركة أو ذاتي صلة اما ارات ا لعربية
 المتحدة في أي منطقة أخرى حصر ف اما عن لنظر سقا ل بنكي شكل آ من خراشكال ا في لعمل
 تلكايشا (لمنطقتر إ « باسم منها كل لى لجهةذات ا »)صلة
 ٢. الحصول على أي معلومات ا من تخصني نتمانيتا في جهة ذات بي صلة أو أي تحكيم تحت تقع جهة
 سواء كمساهمين أو بالتوقيع مخولين أو خلا ف ذلك، و تطبيق أو استخدام تلك
 المعلومات في إجراء أي تقييم ا نتمانيتا أو تقييم ا بحسابي يتعلق خراو (تسهيلاتى أو

الحسابات أو التسهيلات الد) مقتر حلى ا ل بنك ٣ .
 عدم تحمل أي مسؤ و لياؤو التزام في بما تجاهي ذ لك أي سو تحكيم تحت تقع جهة ا كمساهمين أو
 بالتوقيع مخولين أو خلا ف ذلك، أوتجا ه أي طرف ثالث و ا ا لتي معلومات ا قبل من مقدمة نتمانيتا
 ا ل بنكي جهة ذات (صلة أو بما في ل تحويل المعلومات ا قبل من لانتمايتا لجهةذات ا)صلة
 بشرط أن تقدم تلك المعلومات نية بحسن و بذا معل ا لعناية لمعقولة من دون أي اشتراط بتحديث يقضى
 أومر ا تلك جعة المعلومات جانب من احا في ل بنك ا احتمال تغيير و ضعي لمالي أو ا لشخصي أو أي
 سو تحكيم تحت تقع جهةا

كمساهمين أو بالتوقيع مخولين أو خلا ف ذلك، أو معلوما تقديم ت أخرى قبلي من إلى

البنك، و
 ٤. وأن تقديم المعلومات ا لانتمايتي جهة ذاتيكو صلة لمصلحتي ، وبناء عليه، للبنك يحق الحصول
 عن مني تعريض على أي خسارة أو تكاليف أو مطالبات أو أضرار تحملها يتم أو
 قبل من تكديها هذ مثل تقديم نتيجة لبنك الوالمعت إذا ق ام أي طرف ف في بما (ثالث
 ذ لك أي جهة ذات تلك تقديم تخص مطالية بتقديم (صلة المعلومات أو عليها تستند ،
 بشرط تقديم ا لتلك لبنك المعلومات نية بحسن و بذا معل ا لعناية اللازمة

طبيعة تراك غولد إ نقتسوعا مل المخاطرة ا لرئيسية تراك غولد
 إ مضمو غير نقتس ا لرصيدو مؤمن غير و بون فائدة . أسعار ا في لذهب السوق للزيا قابلة دة و النقصان .
 و يحصل حتى ا من عائد على لعميل تراك غولد إ نقتس، يجب أن تكون أسعار ا في لذهب السوق قد
 زادت و فتر طيلة كافية جعة الاستثمار . و تنجم قد الخسارة من أي استثمار في ا لذهب تحديد يعتمد
 قيمة في لذهب تراك غولد إ نقتس الخاص على بالعميل أسعار ا لبيع والشراء ابو لمقدمة سطر تراك بنك
 من و خر قتل و لتقدير فقا ا لمطابق و تخضع ل ل لجمع العوا مل ا تعتبر لتي ذات قبل من صلة راك بنك
 في بما ذ سبيل على لك المثل لا

ا ل حصر أسعار ا في لذهب السوق الدولية، و التقلبات و ا لسيولة لعالمية ظروف السوق المحلية بطر ا ل حصر
 المعمول بالخص ل با (بها و لار ا مريكي ا و بالدر هم أو بالعملة ا جنيتة ل ا ل a
 يتقاضا هاراك حركة بنك اسع ال ا ل ا ل ا ل ا ل ا ل ا ل ا ل ا ل ا ل ا ل ا ل ا ل ا ل ا ل a
 أو ا لبيع ا ل ا ل ا ل ا ل ا ل ا ل ا ل ا ل a
 أسواق استثمار ا لمحليات و ل ا ل ا ل ا ل a
 و ا ل ا ل ا ل a
 أو الحرب، أو اتجاها ت ا يمكن (لسياسة أن تؤثر أ سعر على بضامقد هو كما لذهب قبل من راك بنك
 و يعتبر لا ذ لكافة شاملا ملخصا لك ا لمخاطر ا لمرتبطة ا ك غولد إ نقتس، و جميع تحديد يمكن لا
 الاعتبار ذات الصلة

ا لمخاطر تشكل قد لتي عميل لكل و يعتبر لا ذ عن بديلا لك ا خا ل ا ل ا ل ا ل ا ل ا ل ا ل a

إقرار

تفويض/الرجاء فتح و/أو الاستمرار حسابا تشغيل في ت ا/التوفير الجاري/الود تحت يعة ا/الطلب الود يعة
 ا ل ا ل ا ل ا ل ا ل ا ل a
 ط لينا و توافقون من عليها و) . خر قتا نؤك نحن/نا/بني ا قد ننا / سلمت ا سلمنا
 قرأت قرا/ ناو فهمنا / فهمنا ا حكام و شروط بنك رأس ا ل خيمة (عامة مساهمة شركة (لوطني ا تحكيم
 الحسابات ا لشخصية و الخدمات ا لمصرفية (« لرقمية ا حكام و الشروط ») يث نحن/نا على ا ل ا ل ا ل ا ل ا ل a
 ا حكام و الشروط تطبيق ا حكام و الشروط حسا كل على ب ا ك ا ن فتحه تبه أو ا بنفس بالعمل ستمر
 ا ل اسم ا ل ا ل ا ل ا ل ا ل ا ل a
 قبله من

إذا بطلب تقدمت الحصول على راك غولد إ نقتس
 بموجب ا هذ على لتوقيع ا لطلب، ا (نؤك نحن / نا/ بانتي) اقر ننا ا ل ا ل ا ل ا ل ا ل ا ل a
 طبيعة على راك غولد إ نقتسوا ا لمخاطرا به لمرتبطة ا ل ا ل ا ل ا ل ا ل a

solely on my/our own examination of the terms and conditions applicable to the RAKGoldInvest, the risks involved and my/our circumstances and (iii) that the Bank has provided no advice or opinion as to the suitability of the RAKGoldInvest (iv) to have read, understood and received the terms and conditions governing RAKGoldInvest and agree to be bound by each of these terms and conditions as amended from time to time at the sole discretion of RAKBANK.

If applied for RAKvalue

I/We hereby apply for the value added package as selected above under my/our abovementioned Account (hereinafter referred to as "RAKvalue") offered by The National Bank of Ras Al-Khaimah (Public Joint Stock Company) ("RAKBANK/Bank"). I/We accept that the Bank may use any/all personal information, documents provided by me/us during Account opening while processing this RAKvalue application. I/We further declare that all information provided by me is and continues to be accurate, complete, and correct and I/we shall advise the Bank of any changes thereto.

I/We declare that I/we have read and understood and received the features, benefits and charges and Terms and Conditions applicable to my/our RAKvalue and will be bound by the same. I/We confirm that the Terms and Conditions of RAKvalue are in addition to the Terms and Conditions governing Personal Accounts. I/We accept that the Bank is entitled in its absolute discretion to reject this application without assigning any reason whatsoever.

I/We agree that any Instructions provided by me/us under RAKvalue to the Bank via facsimile transmission, electronic instructions or telephonic instructions shall be considered valid and binding on me/us the Bank may act upon these instructions as per the conditions and indemnity provided in the Terms and Conditions of RAKvalue and the Terms and Conditions governing Personal Accounts.

- 1) I/We agree that this authority will remain in force until cancelled by me/us in writing and I/we undertake to ensure that sufficient funds are available in my/our Account to meet all the payments.
- 2) I/We understand that if the payment due date falls on a Friday or a public holiday, the Bank will give effect to this standing instruction on the next working day.
- 3) I/We agree that in the event that there are insufficient funds in my/our Account on the due date for payment RAKvalue benefits will be immediately suspended and I/we authorise the Bank to continue to attempt to debit the amount daily for the period of one month or, if earlier, until the funds are available in the Account to complete the authorised debit in order to continue the Benefits offered under my/our selected RAKvalue. If the Bank is successful in being able to debit the amount from my/our Account prior to the next payment due date, the fee for RAKvalue will be charged for the whole month from the Account and the suspension of RAKvalue will be lifted. If the fees are not able to be paid during this period, RAKvalue will remain suspended until all outstanding fees are paid, without any advance notice being given to the Customer/s.

CREDIT CARD TERMS AND CONDITIONS

I hereby apply for the issue of Credit Card(s) offered by the National Bank of Ras Al Khaimah (P.S.C) a Public Joint Stock Company (hereinafter referred to as "RAKBANK"). I declare that the information provided in the application is true and correct and I shall advise RAKBANK of any changes thereto.

I confirm and acknowledge that I have received, read, understood and agreed to the terms and conditions for Credit Cards (Credit Card Agreement) and Service & Price (S&P) Guide, as amended from time to time and will be bound by the same. I also agree to the fees, charges applicable to the Credit Card as provided in S&P Guide, as amended from time to time at sole discretion of the Bank.

I hereby authorise RAKBANK to verify from whatever source it may consider appropriate any information contained in this application or disclose the contents of this application to third parties for verification. If my request for the specific Credit Card that I have applied for is rejected, I authorise RAKBANK to consider this application for an alternate Credit Card as per my eligibility and as per RAKBANK's policy.

I accept that RAKBANK is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever and that this application and its supporting documents shall be the property of RAKBANK and shall not be returned to me. Where requested, I authorise RAKBANK to issue Supplementary Card(s) for use on my Credit Card to the person(s) named, who I undertake is /are over 15 years of age and agree that RAKBANK may provide information to him/her about the Supplementary Card. If the Supplementary Card applications is /are between 15 and

21 years of age, I confirm that I am such applicant's legal/natural guardian and I hereby undertake that the use of such Supplementary Card(s) shall be made under my supervision and control. I also acknowledge that I am responsible for all retail purchases, cash advances, fees, charges and any other transaction charge on both Primary Card(s) and Supplementary Cards(s) and all such transactions shall be included in my statement and paid by me. It shall be my sole responsibility to honour and settle all transactions charged on both Primary Cards(s) and Supplementary Card(s). I agree that the continuation of the Supplementary Cards is dependent on the continuation of my Primary Card.

I hereby irrevocably and unconditionally confirm my application and authorisation for RAKBANK to enroll me for the Comprehensive Credit Shield Protection ("Cover") to cover my Credit Card outstanding as per the Credit Shield Terms & Conditions (which is a part of the Credit Card Terms and Conditions available on the website – www.rakbank.ae) in the event of Death, Critical Illness, Permanent Total Disablement

and in the event of Involuntary Loss of Employment. I furthermore confirm my awareness, acknowledgement and express approval that the Cover shall be offered free of charge during the first two Credit Card Statements post which a nominal rate (as mentioned in the Service and Price Guide) will be applied on the total outstanding amount in each subsequent month's Credit Card Statement. I fully understand and acknowledge that RAKBANK is only distributing the Cover and is not the issuer of the Cover and accordingly makes no representation or warranty whatsoever in respect of the Cover and assumes no liability or obligation in respect thereof.

I understand that the Bank may issue me a Prepaid Card irrespective of whether this application is approved or declined. I confirm that I have received, read, understood the enclosed terms and conditions governing Prepaid Cards and agree that such terms and conditions will be binding on me upon my utilisation of the Prepaid Card.

- Balance Transfer Cheque(s) will be issued subject to availability of sufficient available balance in your RAKBANK Credit Card Account
- In the event the Balance Transfer Cheque(s) is required to be cancelled, the original cheque(s) must be returned to RAKBANK Card Centre
- In the event that Balance Transfer Cheque(s) is stolen/lost, please call 04-213 00 00 immediately
- Balance Transfer will attract finance charge at the applicable rate from the transaction date until repayment in full. Please refer to our Service & Price guide for applicable rates & charges
- The latest 1 month Credit Card statement is required for each of the other bank cards from which the Balance Transfer is requested

Balance Transfer Declaration

If my request for balance transfer to my RAKBANK Credit Card is approved, I authorise RAKBANK to debit the above Balance Transfer amount or such reduced amount as may be approved by the Bank to my RAKBANK Credit Card and issue a Banker's Cheque in favour of my other Credit Card as mentioned above.

I agree that RAKBANK will send the above Banker's Cheque to me and that I will be responsible for settlement of the other Credit Card(s) mentioned above. I also agree that RAKBANK will not be liable for payment of any overdue charges, finance charges, or any other charges or dues that may accrue on my other Credit Card mentioned above other than settlement of the Banker's Cheque sent to me representing the Balance Transfer amount accepted by RAKBANK and debited to my RAKBANK Credit Card.

I acknowledge that RAKBANK reserves the full right to accept or reject my request for balance transfer at its sole discretion without assigning any reason whatsoever.

LOAN TERMS AND CONDITIONS

- 1) I/We hereby apply for the loan, which is referred to overleaf (the "Loan")
- 2) The Loan will be repaid over the period, which is specified overleaf in equal monthly Installments.
- 3) I/We acknowledge that any request for an Installment deferral which is agreed to by the Bank in its sole discretion will result in additional interest being charged and the final repayment date being extended upon such terms and applicable interest rate as prescribed by the Bank. I/We also acknowledge that the Bank in its discretion may grant Installment deferrals to all of its regular loan customers on the occasion of religious festivals by placing notices in its Branch premises and that if I/we do not wish to receive such Installment deferral I/we will notify the Bank accordingly in writing.
- 4) I/We will pay interest on the Loan at the rate which is shown overleaf. Interest is payable monthly and on maturity of the Loan. The Bank may change the interest rate payable in relation to the loan at any time by notice to me/us either by mail to my/our mailing address or by noticed placed in the Bank's Branch premises. I/We accept that this will increase the total "Repayable Balance" and I/we request that this is achieved by retaining the monthly Installment and extending the tenor of the Loan.
- 5) I/We shall make all Loan repayments and payments of interest to the account number shown overleaf with the amounts due. I/We authorise the Bank to apply all or part of the amounts received from my/our employer, pursuant to paragraph 6(a) below, in repayment of all or part of the Loan and/or interest as soon as the amounts are received even if such payments are not due.
- 6) I/We undertake to:
 - a) instruct my/our employer to transfer my/our monthly salary payments into my/our account number shown overleaf with the Bank until such time as the Loan has

been repaid in full and authorise the Bank to apply all amounts so received in repayment of principal and payment of interest in respect of the Loan;

- b) advise the Bank immediately if I/we obtain a loan from my/our employer or any other party; or
 - c) advise the Bank immediately if my/our employment is terminated.
- 7) If:
- a) I/We fail to pay any sum when due to the Bank; or
 - b) the Bank does not receive any payment which is due from my/our employer;
 - c) my/our employment is terminated; or

- d) I/We breach any term of the loan or the documentation pertaining thereto; or
- e) any representation, warranty or statement made by me/us hereunder or in connection herewith proves to be or to have been incorrect in any material respect as of the date on which it was made; or
- f) I/We become insolvent or die or
- g) any security taken in respect hereof is repudiated or becomes unenforceable and/or invalid.

then Bank may, by written notice, terminate its obligations hereunder and declare the full amount of the Loan at the date of event of default occurred and any interest occurred thereon to be due and payable immediately, and I/we will comply with that demand forthwith. If I/We do not comply then the Bank may immediately initiate appropriate legal action against me/us.

- 8) In the event of default by me/us in the payment on the due date of all amounts due plus interests, expense, commissions and other charges, I/we shall pay the Bank interest at the rate of two percent (2%) per annum above the rate of interest applicable immediately prior to the due date hereinabove on all amounts due until the date of full and final settlement. Interest shall be calculated on the daily balance outstanding being understood that the addition of interest to the outstanding amount shall not in any way affect the rights of the Bank to take all available legal measures to secure full recovery of all amounts due to the Bank.
- 9) I/We agree that the Bank may, at any time and without notice to me/us, combine and/or consolidate all or any of my/our then existing accounts and sums of money with the Bank or with any of its branches with any liabilities to the Bank and set-off or transfer any amounts standing to the credit of any one or more of such accounts and sums of money in or towards satisfaction of any of my/our liabilities to the Bank in relation to the Loan.
- 10) I/We shall pay all fees charged or incurred by the Bank in relation to the Loan, including any legal fees and fees payable if I/we prepay the Loan.
- 11) The Bank may, at its sole discretion and cost, make available to me/us a life insurance policy issued by a third party insurance company selected by the Bank ("Insurance Company") to assist with repayments of any amounts outstanding from me/us to the Bank ("Life Insurance"). I/We confirm that the Good Health Statement made by me/us in the Personal Finance Application is true and complete and I/we shall forego any claim to any Life Insurance benefits to be made available to me/us by the Insurance Company selected by the Bank, if the declaration is found to be untrue. I/We understand the Life Insurance cover is provided by the Insurance Company and not the Bank and is subject to approval of the Insurance Company. Life Insurance Cover Terms and Conditions (including exclusions) shall apply as offered by the Insurance Company and the Bank shall have no liability or responsibility to me/us in relation to such Life Insurance cover or any of its benefits.
- 12) The Bank shall be entitled to assign or transfer any of its rights and/or obligations under this Agreement and I/we irrevocably consent to any such assignment or transfer.
- 13) I/We hereby authorize the Bank to make enquires and to disclose information to third parties, including my/our bank(s) and employer(s) for the purpose of processing my/our application and the conduct of my/our accounts with the Bank.
- 14) No failure on the part of the Bank to exercise, and no delay in exercising any right hereunder will operate as a waiver thereof, nor will any single or partial exercise of any other right. The rights and remedies herein provided are cumulative and not exclusive to any rights or remedies provided by Law.
- 15) All notices, demands, or other correspondence provided or made hereunder shall be provided by fax or mail to the address I/we have advised to the Bank. Any such notices, demands or other correspondence shall be deemed to have been received by me/us at the time of faxing or mailing thereof.
- 16) A certificate produced by any authorized official of the Bank, whose authority, appointment or designation it shall not be necessary to prove shall be (in the absence of manifest error) conclusive proof any amount due and owing by me/us to the Bank.
- 17) The Bank retains the right to apply the proceeds of any installments or payments hereunder in any order of preference towards costs, interest and capital as it sees fit.
- 18) All payments made by me/us terms hereof shall be made free and clear of any right of set-off, withholding and/or counterclaim.

19) I/We hereby irrevocably:

- a) submit to the exclusive jurisdiction of the Courts of Ras Al Khaimah in respect of any legal proceedings to be commenced in UAE in connection with this Agreement, and
- b) agree that nothing in this Clause will preclude the right of the Bank from initiating legal proceedings over me/us for any reason or from initiating legal proceedings before any non-UAE court for any remedy available to the Bank against me/us before such non-UAE Court.



د حالة في (/الخلايا إيا خلايا نايشر طشر من وسط القرص أو المستندات أو المنطقة؛ أو
 هـ) إذا عُدَّت م صحة أي عرض أو تعهد أو معلومات تُأخذ بموجب قَبْلنا/قَبْلِي من هـ الشروط
 واحكام أو من بها يتعلق فيما أتا في جوهرية أو إجبارية أو إجبارية أو إجبارية أو إجبارية
 العرض أو التعمد أو المعلومات؛ أو

و) إذا أُلْصِحتْ معسرين/ معسر صبحنا أو حالة في و/فاتي وفاتنا؛ أو ز) إذا
 ر فض أي ضمنا نخصص تقديمه يتم ص هذه الشروط واحكام أو إذا أنفذ غير صبح
 و/أو صبح غير

يجوز للبنك أن خلا من ينهي ل إشعار خطي التزاهذ بموجب ماته الشروط واحكام وأن يعلن استحقاق
 مبلغ كامل القرض في ر يخوق حالة اخلال واستحقاق أفاندة ية على عليه الفور وسالتر مسنلتر/م
 بذلك بالتقيد على لطلب الفور، وعد حالة في مَبْقِد يَحَقُّ تقيدنا/

لبنك أن يبائر اجر اءات ا لقانونية ضد لمناسية على ضدنا/ الفور ٨) .
 إذا لم أبسد نَقْم/قِداد كافة ا لمبالغ اضافة بالمستحقاق إلى الفوا ندو المصار يفو المولات واجوار اخر اى
 تا في ر يخ الاستحقاق، التزجنتلر/بنا ن أد ندفع/فع إلى فاند لبنك يفسر

ثلاثا بالمائة ٢٪ فو (سنو) ق سعر الفائدة النافذ فو راتا قبل ر يخ الاستحقاق المشار إليه أعلاه على
 كافة ا لمبالغ لمستحقة المفهوم أن إضافة الفائدة إلى ا لمبلغ تؤثر لن مستحق في من شكل اشكال
 حقو على ا في لبنك اتخاذ كافة اجر اءات ا لقانونية المتوفرة

لضمان الاسترداد ا لكافة لكامل ا لمبالغ لمستحق إلى لبنك ٩)
 أو انو/قفا على قق للبنك بحق نمان قوم في أي وقت وبدون تقديم إشعار بدمج لنالي و/أو كافة ضم
 أو أي من الحسابات ا حينه في لقائهم واملال الد بنا/ي لخاصة لبنك
 أولدى أي فر من و مع عملا ية التزاهذ اتجا ه لبنك ا لمقاصد أو تحويل ا مبالغ يتاحسا في ننتب
 أو ا منها كثروا مبالغ للوفاء لمالية بيا ي من التزاهذ/ماتي التزاهذ ماتناه ا فيما لبنك

١٠) التزجنتلر/ميسد اد كافة الرسوم ا يتقاضاها لتي لبنك أو بالقر يتعلق فيما يتكدها ض في بما ذ لك اية
 اتعاب قانونية ورسوم ميسد قيامنا/قيامي حالة في مستحقة اد القرض

تا قبل ر يخ استحقاقه

١١) للبنك يحق (بنا تقدير على ه ونفقته، أن على تأمين بوليصة لنالي يوفر الحياة ص درة شركة عن
 طر تأمين ف قبل من تحديدها يتم ثالث ا شركة (» لبنك للمساعد «) لتأمين في

تسديداي (» لبنك قبلنا/قَبْلِي من مستحقة مبالغ ا على لتأمين الحياة «) . أو بيا نوكد/كدن إقرار ا للياقة
 ا لصحية المقدم طلب في قبلنا/قَبْلِي من القرض ا حقيقي لشخصي و مكتمل وأبالتنا نتعهد/تعهدزل عن
 أي مطالبات بمستحقا تتعلق ت ا على لتأمين الحياة المقدمة

شركة قبل من لنالي لتأمين المحددة قبل من لبنك، إذا ثبت أن هذا ا اقر ا ر صبح غير

أبا نفهم نحن / نان غطاء ا على لتأمين الحياة مقدم شركة قبل من ا لتأمين و ليس لبنك، و يخضع
 لموا شركة فقة لشر لتأمين و بندوق تغطية ا على لتأمين الحياة في بما ذ لك الاستثناءات تطبق)
 شركة قبل من عرضت كما لتأمين و أن ا يتحمل لا لبنك ا ية التزاهذ أو مسمو و فيما تجاها/تجاهي لية
 تغطية يمثل يتعلق على لتأمين الحياة ه ه أو أي من

فوا ندها

٢١) للبنك يحق (التنازل عن أو تحويل أي حقوقه من و/أو التزاهذ بموجب ماته الاتفاقية
 و/أو انو/قفا لغال لا قابل غير بشكل فقه ه على ا التنازل أو ا لتحويل ٣١)
 أقوض نفو/ض ا هذ بموجب لبنك الشروط واحكام اجر اء استفسارات ومعلومات كشفت في بما للغير ذ لك
 ا لبنك البنوك ا بنا/ي لخاصة ولغر عملنا/عملي صاحب ضمنا تبع
 طلبنا/طلبي و ا بالحسابات لتعاملات الد بنا/ي لخاصة ا لبنك ٤١ لن)
 يعتبر أي جانب من تقصير امما في لبنك سة أي هذ بموجب حق ه ا لاتفاقي و يعتبر لن أي في تأخير
 ممارتنا سة لا ً عنه و تمتع لن امما و ترمنفر سة أو ا جزئية ي هذ بموجب حق ه ا من لاتفاقي اية
 ممار سة أخرى أولهذ لاحقة ا لحق اومما من ر سة أي حق آ . خزان الحقوق و اجر اءات هذ بموجب ه
 اتر لاتفاقي ا كمي و تستثنى لاحق ية أو إجراءات أخرى يوفرها
 القانون .

٥١) كافة تقديم يجب (اشعارات أو الطلبات أو المراسلات اخر اى ا المقدمة أو الصادرة هذ بموجب ه
 ا بالفاكس لاتفاقي أو بالبريد إلى العنوان الذي قدمنا/قدمته ه للبنك و هذ تعتبره اشعارات أو
 الطلبات أو المراسلات اخر اى تم قد ا عند قبلنا/قَبْلِي من ستلامها إرسالها

بالفاكس أو البريد

٦١) تعتبر (الشهادة ا قبل من مقدمة لموظف أو لمسول المفوض لى ا لبنك والذي من ليس الضروري
 إثبات سلطته أو تعيينه أو وعد حالة في)ظيفته وجود أي خطأ و ا)ضح دليلا
 على القطعي ا مستحق مبلغ و ا جب السداد منا/مني إلى ا لبنك

٧١) يحتفظ (ا في بالحق لبنك استخدام و ا نذا ية أقساط أو دفعات هذ بموجب ه ا لاتفاقي اية

بجرتيا لتسديد فضليا لتكاليف الفوا ندورأس المالير كما اه ا مناسب ٨١ نكو)
 كافة الدفعات المسددة قبلنا/قَبْلِي من و هذ فقه ا من خالية لاتفاقي اية مقاصدة حق
 و/أو احتجاج و/أو بالتقابل مطالبة

أهذ بموجب نتعهد/تعهد ا اتفاقية و لغال لا قابل غير بشكل ه يلى بما أ)
 ا لخصر ا لاختصاص ا لقضائي الحصري لمحاكم رأس ا بخصو لخصم ا ية بآجرات ٩١)
 في مباشرتها ستم قانونية اما رات ا لعربية المتحد يهذ يتعلق فيما ه ا لاتفاقي و ب)الموا على فقه
 أن هذ ا يتضمن لا لبنداي يمنع شئ ا من لبنك ر فع دعوى ضد فضائية ي ضدنا/امام ا في محكمة ية
 المرات ا لعربية المتحدة إذا تلك كانت التملك لمحكمة
 مظللال علينا/علي لقضائي من سبب اسباب أو من ر فع دعوى قضائية امام أا محكمة يترج ا
 مرات ا لعربية المتحد يهذ خصو ص أي إجراءات ضد لبنك متوفر ي ضدنا/
 أمام تلك ا لمحكمة ر اما رات ا لعربية المتحدة.

Declaration/ Customer Mandate

I / We declare confirm that the below signatures will be treated as my / our specimen signature for all banking transactions and services related to this account.

We declare and confirm that all the information/ details provided by us in the Application Form is true, complete, updated and accurate to the best of our knowledge and we have not wilfully withheld any material fact/ information. We also undertake to provide the Bank with any additional information as required by the Bank from time to time and advise you in writing if any of the information/details provided in this Application Form is changed to ensure that you hold current information at all times. We understand and agree that if there is any change in the Authorised Signatories as stated above, we shall immediately inform the Bank in writing.

I authorise the bank to update my existing details with the bank as per the information provided in the form.

Declaration/ Customer Mandate

I / We declare confirm that the below signatures will be treated as my / our specimen signature for all banking transactions and services related to this account.

We declare and confirm that all the information/ details provided by us in the Application Form is true, complete, updated and accurate to the best of our knowledge and we have not wilfully withheld any material fact/ information. We also undertake to provide the Bank with any additional information as required by the Bank from time to time and advise you in writing if any of the information/details provided in this Application Form is changed to ensure that you hold current information at all times. We understand and agree that if there is any change in the Authorised Signatories as stated above, we shall immediately inform the Bank in writing.

I authorise the bank to update my existing details with the bank as per the information provided in the form.

SIGNATURE CARD FOR RETAIL PRODUCTS APPLICATION

إبّاصحال! وقّيع لّتب الحسابات الشخصية

I / We confirm that I / We are applying for the following products

■ Personal loan

الاسم بالكامل المحسب جواز السفر
نسة

Signature/thumb impression of Applicant/s to be used in all dealings with the bank.

مقد بصمة/توقيعم الاستخذ لطلباً كافة في مه التعاملات مع البنك

Name of Primary Applicant

اسمة مدم الطلب بالاول

Name of Joint Applicant

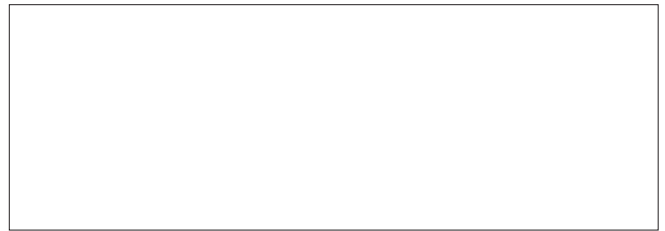
اسمة مدم الطلب بالثان

Name of Guarantor (If any)

رقم

FOR CUSTOMERS USING THUMB

للإستخدام لذين بصمة إبهام



إبها
صورة مقدم الطلب مع بصمة م
Photograph of Applicant with
thumb impression

بصمة إبهام مقدم الم يتم لطلب استخدا كافة في مهالتعاملات مع البنك
Thumb Impression of Applicant to be
used in all dealings with the Bank

To: _____

Date: ____/____/____

Ref: # LAF _____

Subject: Transfer of Salary _____ to RAKBANK.

- 1) I have availed of a loan of AED _____ from RAKBANK and I hereby authorise you to henceforth transfer my salary every month to my account number _____ with RAKBANK effective _____
- 2) I hereby authorise you to hand over the original "Salary Transfer Letter" addressed to RAKBANK or an authorised courier representative on behalf of RAKBANK, to facilitate the processing of my loan. Please find attached the original "No Liability Certificate" from my existing Bankers

as authorisation for transfer of salary and for your records.
- 3) I confirm that I have no objection to you transferring my final service dues directly to RAKBANK to settle all my liabilities with RAKBANK, in the event of my resignation or termination or unauthorised absence from work during the tenure of these loan facilities.
- 4) I hereby confirm that this arrangement should continue until you receive a written release letter from RAKBANK.

Yours faithfully.

Name: _____

Signature: _____

Attach: Original No Liability Certificate.

To: _____

Date: ____/____/____

REF: # LAF _____

**Authority to collect No Liability Certificate/Proof of
Loan closure on my behalf**

Account No: _____

I authorise RAKBANK representative or an authorised courier
on behalf of RAKBANK to collect the No Liability
Certificate/Proof of loan closure on my behalf.

Please do not issue a duplicate No Liability Certificate/Proof
of loan closure, unless authorised by RAKBANK.

Yours faithfully.

Name: _____

Signature: _____

تمتلك رأس الخيمة الوطنية (س.م.ع.)



CREDIT CARD SERVICES FORM

The Manager
RAKBANK Card Centre
P.O.Box 34134
Dubai
United Arab Emirates

Name: _____

Address: _____

Dear Sir,

Credit Card No. : _____

I would like to request the following with respect to my above Credit Card:

Type of Request

- ☐ Re-issue of PIN
- ☐ Re-issue of Credit Card
- ☐ Replacement of Credit Card
- ☐ Temporary increase in Credit Limit to AED _____
- ☐ Permanent increase in Credit Limit to AED _____
- by (date) _____
- Instruction (SI)
- ☐ Temporary hold of SI for the next _____ month(s)
- ☐ Upgrade from Classic Card to Gold Card
- ☐ Set-up monthly spending limit to AED _____ on
Supplementary Card No. _____
- ☐ Upliftment of lien on my RAKBANK Fixed Deposit account no. _____
- ☐ Others (please specify) _____

- if you have not received your PIN, or forgotten your PIN
- if your Card has been damaged, and you cannot use your Card
- if your Card was lost/stolen, or your Card no. has been misused
- if you need an increased Credit Limit for upto 3 months
- if you need an increased Credit Limit on permanent basis ☐ Early Card renewal required
- if your Card is to be renewed upto 3 months before expiry date ☐ Permanent stop of Standing
- if you want your SI execution to be stopped permanently
- if you do not want your SI to be executed for next few months
- if you are eligible for a Gold Card
- if you want to set-up a monthly spending limit on your Supplementary Card(s)
- if you wish to uplift the lien on your Fixed Deposit on closure of your Card account

Reason for Request: _____

Customer Declaration:

I agree that the existing Terms & Conditions- Credit Card Agreement, as amended from time to time, as accepted and received by me will be applicable.

Instructions

1. In case you are requesting for a reissue, please ensure to return your Card to the Bank.
2. In case you are returning your Credit Card to the Bank, please ensure that you have cut your Card into two.
3. In case your Card is lost / stolen or your Card number has been misused please report to the Bank immediately by calling on 04-2130000.
4. In case you are requesting for a permanent limit increase or upgrade of Card, please attach your latest salary certificate in original along with your last 3 months bank statements (if you are not a RAKBANK account holder.)
5. All requests will be processed based on the Bank's prevailing policies and procedures.
6. I accept all charges as per the Bank's Service & Price guide

Primary Cardholder's Signature

Date

For Bank Use Only :

Customer CIF ID: _____ Branch: _____ Date Received: _____

Cardholder Identified by _____



CREDIT CARD / INSTANT MONEY (RAKCARD LOAN) CLOSURE

The Manager,
The National Bank of Ras Al Khaimah (P.S.C)
Card Centre
P.O.Box 34134
Dubai,
UAE Dear
Sir,

Please arrange to close the following Credit Card /Instant Money (RAKCard Loan) account(s) as listed below. I understand that the Bank will close my Primary Credit Card Account(s) only upon closure of my Instant Money Account(s) (RAKCard Loan account(s)). I also understand that all supplementary credit card(s) issued to me will be closed by the Bank, upon closure of my Primary Credit Card account(s)

Credit Card Account No(s): _____

Instant Money No (RAKCard Loan (s)) _____ Instant Money Account No _____ (applicable in case of closure of a specific account under this Instant Money Number)

I am closing my Credit Card / Instant Money (RAKCard Loan) account(s) for the following reason(s):

<input type="checkbox"/> <input type="checkbox"/> I am not satisfied with the charges / fees	<input type="checkbox"/> <input type="checkbox"/> I am leaving the UAE permanently
<input type="checkbox"/> <input type="checkbox"/> I have more than one / enough cards	<input type="checkbox"/> <input type="checkbox"/> I am transferring my business to another Bank
<input type="checkbox"/> <input type="checkbox"/> I am not satisfied with the credit limit offered	<input type="checkbox"/> <input type="checkbox"/> I want to control my spending
<input type="checkbox"/> <input type="checkbox"/> I am not satisfied with the service provided	<input type="checkbox"/> <input type="checkbox"/> My request for limit increase / upgrade is rejected
<input type="checkbox"/> <input type="checkbox"/> I prefer using cash than card	<input type="checkbox"/> <input type="checkbox"/> Frequent problems while using my card
<input type="checkbox"/> <input type="checkbox"/> Any other reasons _____	

I wish to settle the current outstanding balance of AED _____ on my credit card(s) / Instant Money account(s):

By Cheque No. _____ Drawn on _____

<p>I agree to pay immediately for all transactions related to the usage of the Credit Card and / or Instant Money (RAKCard Loan) including interest / fee accruals / early settlement fee/charges as per Bank's prevailing Service & Price guide under the Credit Card Agreement and that are yet to be charged to my card account(s). I agree that any transaction incurred but not yet charged to my credit card(s) may be debited within 30 days from the date of closure of my card account(s). I understand that my Credit Card and / or Instant Money (RAKCard Loan account(s)) shall be closed only after receipt by the Bank of all outstanding payment relating to all charges and liabilities under the Card account(s) and / or Instant Money (RAKCard Loan account(s)).</p>	
<p>I understand that RAKBANK will settle any unpaid balance on my Credit Card account (s) and / or Instant Money (RAKCard Loan) account(s) using the guarantee letter provided by my new bank where I have transferred my business or against the credit proceeds of the guarantee amount deposited in RAKBANK.</p>	
<p>I understand that The National Bank of Ras Al Khaimah (P.S.C) ("RAKBANK") will uplift lien on my Fixed Deposit or issue No Liability Certificate to me only after full payment of all charges and outstanding liabilities under the PrimaryCredit Card account(s) and after 45 calendar days from the date of the closure of my Primary Credit Card account(s). I further understand and agree that all documents including undated cheque provided by me at the time of applying for the Credit Card or Instant Money shall stand cancelled and remain as the property of RAKBANK</p>	

I enclose all cards issued to me cut into two Yes

PrimaryCredit Cardholder's Signature * _____ (*Signature identical to RAKBANK

Account) Customer Name: _____

For Bank Use Only

<p>CIF ID _____ Control Number: _____ Received at Branch : Date: _____ Time: _____ Balance as per RAKNET _____</p> <p>Bal. Outstanding Call made by: _____ from telephone _____ at Time: _____</p> <p>Card Outstanding balance AED _____ advised by: _____ at _____ (time)</p> <p><input type="checkbox"/> <input type="checkbox"/> Customer has handed over the card Yes No If yes, Card Cut and destroyed under dual custody</p> <p><input type="checkbox"/> <input type="checkbox"/> Checked on 360 degree & Confirmed no Instant Money Customer request for cancellation of previous IM</p> <p><input type="checkbox"/> <input type="checkbox"/> Screen shot of Fetch Balance attached</p> <p><input type="checkbox"/> <input type="checkbox"/> Screen shot of Block Card attached</p> <p><input type="checkbox"/> <input type="checkbox"/> Credit Card(s) and / or Instant Money Outstanding Recovered</p> <p><input type="checkbox"/> <input type="checkbox"/> Customer applied for Top-up Loan and Card and/or Instant Money outstanding will be settled against the loan proceeds.</p> <p><input checked="" type="checkbox"/> Amount equal to Credit Card Limit has been credited to the customer's Account in Finacle</p>	<p>CSM's Signature</p>
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