بنك أبوظبي التجاري
ADCB
WHOLESALE BANKING

Bank Letter Request Form

Date: ..... / ..... / .....

Company Name: .....

I/We hereby request that the Bank issue:

- ☐ IBAN Letter
- ☐ Balance Confirmation Letter
- ☐ Closure Letter
- ☐ Signatory Letter
- ☐ Satisfactory Letter

Please issue the letter for:

☐ All Account(s) Under CID: .....

☐ Only for the Following Account No: .....

Please debit Account No. for related Charges: .....

(For borrowing clients please attach bank deposit slip)

☐ Addressed to: .....

.....

☐ Please specify any additional requirements (if applicable): .....

.....

☐ For balance confirmation, letter to be effective as of: ..... (month ending) / .....

For balance confirmation requests, the dates can only be effective as of the end of the month.

☐ I/We hereby authorise ..... holding ID card No: ..... to collect the letter on our behalf

☐ Please send the letter directly to our auditors to the following address: .....

.....

Authorised Signatory(ies):

	Name	Signature
1		
2		
3		

For additional signatories, please sign on separate form and attach.

You hereby request those ADCB Offerings and/or modifications set out in this Form. You hereby declare that the information you provide in this Form is complete, true and accurate, and that the request(s) made in this Form have been duly approved and authorised. You authorise and agree to the Bank (and its Affiliates on its behalf) making enquiries and obtaining any credit references, account statements or other relevant information about you from any financial institution, regulatory body, any credit reference agency/bureau (including Al Etihad Credit Bureau and the Central Bank) and/or from any other source that the Bank considers necessary in order to verify the information provided by you and to assess your ability to meet your commitments, without taking your additional consent. You agree to update the information you have provided to the Bank in accordance with Part 1 Clause 3 of the Wholesale Banking Terms and Conditions. You acknowledge and agree that the Bank reserves the right to reject the request(s) made in this Form in its absolute discretion and is not required to provide reasons for such rejection.

By signing this Form, you agree to continue to be bound by:
(a) for all ADCB Offerings offered by ADCB - Islamic Banking, the Terms and Conditions for Shari'ah Compliant Account, which are incorporated herein by reference and available on the Terms and Conditions section of the Bank's website; or

(b) for all other ADCB Offerings, by the Wholesale Banking Terms and Conditions which are incorporated herein by reference and available on the Terms and Conditions section of the Bank's website.

For any feedback or suggestions, please write to: WBGService@adcb.com

For Bank Use Only

☐ I certify that the above named person(s) signed in my presence and/or verify that the signature(s) of the above person(s) matches the client signature & authority in the system.

☐ Customer request is updated on Itqan SR Number: .....

RM/RO: ....
(name/code) (signature) (date)

For required documents and references refer to WBG checklist published on Document Centre

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