Client Contact Information Update Form



		WHOL	ESALE BANKING
Date	:1		
I/We	hereby request the Bank to update contact details as follows:		
Com	pany Name:		
All A	ccounts Under CID:		
	se update the following information:		
Maili	ing Address		
Addr	ess:		
D O	Box:	Emirata/City	
		,	
	ntry:		
Othe	er Contact Details (please enter international dialing code where r	elevant)	
Mob	ile No.:	Phone No. (Primary):	
Phor	ne No. (Office, optional):	Fax No. (optional):	
E-ma	ail ID:		
Auth	orised Signatory(ies):		
	Name	Signature	
1			
2			
3			
	additional signatories, please sign on separate form and attach hereby request those ADCB Offerings and/or modifications set out in this Fo	ym. Vou haraby doclare that the information you pro	vida in this Form is complete
true a behal body, in ord the in	find accurate, and that the request(s) made in this Form have been duly app f) making enquiries and obtaining any credit references, account statement any credit reference agency/bureau (including Al Etihad Credit Bureau and ler to verify the information provided by you and to assess your ability to mee formation you have provided to the Bank in accordance with Part 1 Clause 3 ank reserves the right to reject the request(s) made in this Form in its absolu	roved and authorised. You authorise and agree to the s or other relevant information about you from any fi the Central Bank) and/or from any other source that et your commitments, without taking your additional of of the Wholesale Banking Terms and Conditions. You	e Bank (and its Affiliates on its nancial institution, regulatory the Bank considers necessary consent. You agree to update a acknowledge and agree that
By sig (a) for	ining this Form, you agree to continue to be bound by: r all ADCB Offerings offered by ADCB - Islamic Banking, the Terms and Conc vailable on the Terms and Conditions section of the Bank's website; or		ŕ
Cond	r all other ADCB Offerings, by the Wholesale Banking Terms and Conditions section of the Bank's website. lient, for any feedback or suggestions, please write to: WBGService@adcb.com	ons which are incorporated herein by reference and	d available on the Terms and
Fo	r 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: (signature) (signature)			
	the client signature & authority in the system. Customer request is updated on Itgan SR Number:		
D. (
RM)	(RO: (name/code)	(signature)	(date)