Customer Authorisation Form for Collection of Items



For additional signatories, please sign on separate form and attach. 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, the client signature & authority in the system. Cusomer request is updated on Itqan SR Number:	
For additional signatories, please sign on separate form and attach. For any feedback or suggestions, please write to: WBGService@adcb.com	
3	
2	
1	
Name	Signature
Authorised Signatory(ies):	
and available on the Terms and Conditions section of the Bank's website; or	ons which are incorporated herein by reference and available on the Terms and
in order to verify the information provided by you and to assess your ability to mee the information you have provided to the Bank in accordance with Part 1 Clause 3 the Bank reserves the right to reject the request(s) made in this Form in its absolution 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 Conditional Conditions are the conditional conditions.	t your commitments, without taking your additional consent. You agree to update of the Wholesale Banking Terms and Conditions. You acknowledge and agree that
You hereby request those ADCB Offerings and/or modifications set out in this Fo true and accurate, and that the request(s) made in this Form have been duly appr behalf) making enquiries and obtaining any credit references, account statements	rm. You hereby declare that the information you provide in this Form is complete, roved and authorised. You authorise and agree to the Bank (and its Affiliates on its sor other relevant information about you from any financial institution, regulatory the Central Bank) and/or from any other source that the Bank considers necessary
Name:	
Cancellation of Regular Collection: Please remove the following individual as authorised collector for	our company.
3	
2	
1	
Items authorised for collection:	
ID Number:	
Identification Document Type: Passport Emirates ID Dr	
Name:	
Set up for Regular Collection I/We hereby authorise the following individual to collect the below lister	ed items on our behalf.
Cancellation of a regular collection authorisation	
Regular collection authorisation	
Request for:	
Company Name: Request for:	
Request for:	

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