

Statement of Account Form

Date: / /

Company Name:

Request for:

- Increase the frequency E-statement (Commercial clients only)
 Reduce the frequency Paper statement (to mailing address on file)

I/We hereby request that statements of account be provided at the following frequency:

- All accounts under CID: Change Frequency to:
 Daily Weekly Monthly Yearly (paper statements only)
- Only the following Account Nos.: Change Frequency to:
 Daily Weekly Monthly Yearly (paper statements only)
 Daily Weekly Monthly Yearly (paper statements only)
 Daily Weekly Monthly Yearly (paper statements only)
 Daily Weekly Monthly Yearly (paper statements only)
 Daily Weekly Monthly Yearly (paper statements only)
- End date (for temporary changes) / / E-statement (Commercial clients only)
- Email address(es):

Authorised Signatory (ies):

I/We hereby request that the statements of our accounts with ADCB be delivered to our company electronically on the e-mail address(es) mentioned above

	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