

# Saving Bonds Application Form Individuals

Ref No.

SECTION A - CUSTOMER PROFILE INFORMATION Customer Details - Individual/Minor																																																																					
Name:	Mr./ Mrs./ Ms./			Account No.:																																																																	
Nationality:				Gender:	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	dd/mm/yyyy																																																														
Place of Birth:	City	Country		ID Type:	<input type="radio"/> Passport <input type="radio"/> Emirates ID																																																																
ID No.:				ID Expiry Date:	dd/mm/yyyy																																																																
Mobile:				Email ID:																																																																	
Customer/Guardian Details																																																																					
Name:	Mr./ Mrs./ Ms./			Account No.: (If separate and existing account)																																																																	
Nationality:				Date of Birth:	dd/mm/yyyy		Gender:	<input type="radio"/> Male <input type="radio"/> Female																																																													
ID Type:	<input type="radio"/> Passport <input type="radio"/> Emirates ID			ID No.:			ID Expiry Date:	dd/mm/yyyy																																																													
Relationship w/ Minor:																																																																					
Profile & Income Details (Customer / Guardian)																																																																					
Source of Income:	<input type="radio"/> Salary <input type="radio"/> Family Savings <input type="radio"/> Business Proceeds <input type="radio"/> Other _____																																																																				
Profession:				Employer Name:																																																																	
Marital Status:	<input type="radio"/> Married <input type="radio"/> Single			Salary / Income:	_____ Per Month																																																																
Country of Residence:				Years in Country of Residence:																																																																	
Residence Address:	Address _____																																																																				
	P.O. Box:			City			Country																																																														
Mailing Address:	Address _____																																																																				
If different from the Residence Address	P.O. Box:			City			Country																																																														
SECTION B - SELF-CERTIFICATION																																																																					
FATCA																																																																					
Are you a US Citizen / Resident/Green Card Holder				<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide your TIN																																																																
CRS																																																																					
Are you treated as a resident of any Country other than United Arab Emirates and USA for taxation purposes <input type="radio"/> Yes If yes, complete the below <input type="radio"/> No																																																																					
Country of Residence for Tax Purposes and related Tax Payer Identification Number ("TIN") or equivalent number																																																																					
Please complete the following table indicating the Countries you are considered as Resident for Taxation purposes along with the TIN for each Country. If the TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:																																																																					
Reason A: The Country where the Account Holder is resident does not issue TINs to its residents																																																																					
Reason B: The Account Holder is otherwise unable to obtain a TIN																																																																					
Reason C: No TIN is required as per the regulation of the Country you are considered a Resident for Taxation																																																																					
Country of Tax Residence				TIN		If no TIN is available, please state the reason A, B or C. If B, please outline the reason for being unable to obtain TIN																																																															
SECTION C - TRANSACTION DETAILS																																																																					
Saving amount in figures:	AED			Saving amount in words:																																																																	
Payment method:	<input type="radio"/> Cheque* <input type="radio"/> Credit Card			<input type="radio"/> Fund Transfer* <input type="radio"/> Cash																																																																	
Payment Details:	Cheque Number			Card Type			Reference Number																																																														
	Bank			Card Number			Bank																																																														
	Branch			Expiry mm/yy			Branch																																																														
	Date			Card Holder Name			Voucher Amount																																																														
Payer Details (if not the same as the Customer)																																																																					
Total amount payable:	AED			Source of Fund:																																																																	
* Bonds shall be issued only upon realisation of cheque/Fund Transfer.																																																																					
<b>Disclaimer:</b> With effect from 1st January 2018, Services by National Bonds Corporation PJSC shall be subject to Value Added Tax ("VAT"), as applicable as per the Federal Decree-Law No. (8), 2017 on Value Added Tax ("VAT Law") and Cabinet Decision No. (52), 2017 on the Executive Regulations. In the event of any non-compliance or mis-declaration by the Customer, the Company shall not be held responsible for financial loss (if any) to the Customer. The Company reserves the right to recover VAT from the Customer as may be applicable under the provisions of the VAT Law.																																																																					
Consent and Declaration																																																																					
I confirm that all the information provided above are true and hereby indemnify National Bonds Corporation against any loss or damage that may be incurred due to incorrectness of such information. I hereby declare that I have read and agree to be bound by the Terms and Conditions set out in a separate document. I agree to provide any additional information and/or supporting documents as when requested by the Company.																																																																					
If there is a change in the circumstances that affects the FATCA/CRS Tax Residency Self-Certification provided above or causes the information provided above to become incomplete or incorrect, I understand that I am obligated to inform The Company of the change in circumstances within 30 days of its occurrence and to provide with suitably updated details.																																																																					
Customer Signature, Date																																																																					
<div>For Company's Official use only</div> <table border="1"> <tr> <td>Distributor Code</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Outlet Code</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Stamp &amp; Signature:</td> <td colspan="19"> <input type="checkbox"/> Signature Admitted <input type="checkbox"/> ID is verified &amp; true copy is certified  <input type="checkbox"/> All supporting documents are attached         </td> </tr> </table>										Distributor Code																				Outlet Code																				Stamp & Signature:	<input type="checkbox"/> Signature Admitted <input type="checkbox"/> ID is verified & true copy is certified <input type="checkbox"/> All supporting documents are attached																		
Distributor Code																																																																					
Outlet Code																																																																					
Stamp & Signature:	<input type="checkbox"/> Signature Admitted <input type="checkbox"/> ID is verified & true copy is certified <input type="checkbox"/> All supporting documents are attached																																																																				