

SECTION A - CUSTOMER PROFILE INFORMATION

Customer Details - Individual/Minor

Name:

Mr./ Mrs./ Ms./

Account No.:

Nationality:

Gender:

☐ Male

☐ Female

Place of Birth:

City

Country

ID Type:

☐ Passport

☐ 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

ID Type:

☐ Passport

☐ Emirates ID

ID No.:

Relationship w/ Minor:

Gender:

☐ Male

☐ Female

Profile and Income Details of Customer/Guardian

Source of Income:

☐ Salary

☐ Family Savings

☐ Business Proceeds

☐ Other

Profession:

Marital Status:

☐ Married

☐ Single

Employer Name:

Country of Residence:

Salary / Income:

Per Month

Residence Address:

Address

Years in Country of Residence:

Mailing Address:

If different from the Residence Address

Address

City

Country

SECTION B - SELF-CERTIFICATION

FATCA

Are you a US Citizen / Resident/Green Card Holder

☐ Yes

☐ 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

☐ Yes

☐ No

If yes, complete the below

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 - Setup myPlan

Please issue Saving Bonds worth of

AED

In figures

In words

in the name of the above mentioned beneficiary on the

of each month, starting on

dd/mm/yyyy

for minimum number of monthly payments of

☐ 12

☐ 24

☐ 36 or until this plan is canceled

Monthly payments are made through

☐ Direct Debit

☐ Standing Order

☐ Salary Deduction mandate

I agree to be charged subscription fee of 1% of the total planned payment in case I cancel the plan or redeem the issued bonds before making the agreed number of monthly payments.

SECTION D Upgrade existing recurring payments mandate to myPlan

Ref:

Monthly payment amount

AED

Minimum number of monthly payments:

☐ 12

☐ 24

☐ 36

Payment date

of each month.

Payment method

☐ Direct Debit

☐ Standing Order

☐ Salary Deduction mandate

I agree to be charged subscription fee of 1% of the total planned payment in case I cancel the plan or redeem the issued bonds before making the agreed number of monthly payments.

SECTION E - Cancel an existing plan

Ref:

I wish to cancel my plan with effect from:

dd/mm/yyyy

If next payment due date is within 10 working days from cancellation date, cancellation will happen after next payment.

Disclaimer: 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

For Company's Official use only

Distributor Code

Outlet Code

Stamp & Signature:

☐ Signature Admitted

☐ ID is verified & true copy is certified

☐ All supporting documents are attached

MKT/2018/01/MPAPP/01