

**Form Reference:** I/We wish to request for ( \* ) mandatory fields  
**Transfer Type:\*** **Date:**

**Debit Account Name:\*** **Debit A/c Number or IBAN:\***

**Customer Reference:\*** **Debit A/c Currency:\***

**Please Enter either Debit Amount or Payment Amount**

**Debit Amount      Payment Amount      Payment Currency:\***

**Amount in words:**

**Debit Value Date: \*** (Date your account to be debited. Enter date in the format DD-MM-YYYY or select a date from the calendar)

Note: For cross-currency transfers outside of UAE, all payments will be credited to the beneficiary's bank two working days after your account has been debited. However, if you would like beneficiary's account to be credited on a different day, please make the appropriate selection from below. Note: if the following options are selected additional charges and different FX rates may apply. All transactions are subject to currency cut off times and additional conditions as applicable. The Bank will process such payments on a best effort basis and does not guarantee the payments will be effective on the option selected below.

**Payment to be Effected :**

**Same Day as Debit Value Date      Next Business Day after Debit Value Date      FX Contract No/Rate/Dealer Name :**  
If you have received FX Contract No or the Rate and Dealer Name from the Bank, please enter it above

I/We confirm that the above transfer details are correct and that I/We am/are authorised to make this transfer. I/We understand that the Bank will make the transfer to the account number specified above and will not verify the beneficiary's details. I/We acknowledge that this transaction is governed by the First Abu Dhabi Bank's General Terms.

**PLEASE ENSURE TO SAVE THE FORM  
BEFORE PRINTING**

CMU CALL VERIFICATION DONE

Bank Contact No:

Client Contact Name:

Client Contact No:

Date & Time:

Staff Initials & Id:

No. of Transactions: