

CUSTOMER DECLARATION FORM

Fax back Number: 02-6728937. Call _____ for more information.

To: First Abu Dhabi Bank PJSC

I, the undersigned, hereby declare that my income and liability details as follows:

FULL NAME:	CARD NO:
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Monthly Income

If Salaried, Salary Date	Salary Transfer Bank	Company Name
Basic (Monthly) AED	Allowances (Monthly) AED	Total Monthly Salary AED
Gross AED	Expenses AED	Net AED

Liability

Loans

Credit Card (s)

Bank	Type	Loan Amount Outstanding	Monthly Repayment	Bank	Credit Limit	Current Outstanding
	Personal 1					
	Personal 2					
	Auto					
	Overdraft					

Address Update

House in UAE				Permanent residence in the home country					
Flat/Villa No:		Building name:		Flat/Villa No:		Street name/Location:			
Street name/Location:				Pin/Zip no :		City :		Country:	
P.O. BOX:	City:	Residence no:	Mobile:	Residence No:			Mobile No:		

Mailing Address Update

I would like to receive my statement by email (Email ID) _____

For any other correspondence (please ensure mailing address has a P.O. box)

P.O. Box _____ Emirate _____

Declaration:

- I certify that the information provided is true and correct and I shall advise you of any changes thereto and request the Bank to update the records.
- I hereby authorize First Abu Dhabi Bank PJSC Bank to verify any information from whatever sources it may consider appropriate.
- I hereby give my consent for Limit Increase on my FAB Credit Card.
- All other terms and conditions as stated in the original agreement stands valid.

Customer Signature:	Date:
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For any clarifications please call us back at 600525500

For Bank use only

Customer Information	Authorized Signatory	Decision
Verified by:	Verified by	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>