

BUSINESS BANKING CALL CENTRE AUTHORISED CALLER REPRESENTATIVE FORM

Date		التاريخ
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The Manager Emirates NBD Bank (PJSC)																										
IMPORTANT INSTRUCTIONS																										
<ol style="list-style-type: none"> 1. Fill in and submit the form at the branch where you maintain an account 2. Any cancellation or amendment to this original request should be submitted in writing 3. Please keep a copy of this form for your records and for your reference purposes 4. If you have any queries, you may please contact us on 600 54 0009 																										
	I/We authorise the Business Banking Call Centre to provide information relating to our Account/Card numbers listed below to the following person:																									
	Please arrange to discontinue providing information relating to my/our Account/Card numbers listed below to the following person:																									
(please use a separate sheet if space is not sufficient to list all the accounts/cards)																										
Account/Card number																										
Account title																										
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Account/Card number																										
Account title																										
DETAILS OF AUTHORISED CALLER																										
The Call Centre may verify the callers identity and provide the information sought if the caller correctly provides all of the following details to the Call Centre Agent.																										
Date of Birth	D	D	M	M	Y	Y	Y	Y	Place of Birth																	
Mother's Maiden Name								Favourite City																		
TERMS AND CONDITIONS																										
We confirm that:																										
<ol style="list-style-type: none"> 1. I/We am/are authorised to operate the account/card referred to herein. 2. I/We understand that the Bank shall have the right to exercise discretion in providing or withholding any information from the authorised caller. 3. I/We understand that the Bank takes no responsibility for the information divulged to the said caller and I/We fully and expressly waive and discharge the Bank from any and all liability and claims arising in this regard. 4. This authority to remain in force until cancelled by me/any of us by giving notice in writing. I/We understand that such notice will be effective only after 3 (three) working days subsequent to the day on which I/We have given such notice. 5. The Terms and Conditions of the mandate shall be governed by and construed in accordance with UAE laws, and I/We irrevocably submit to the non-exclusive jurisdiction of the civil courts of Dubai. 6. I/We confirm that I/We have read and understood the Terms and Conditions detailed above and I/We confirm acceptance of all the Terms and Conditions governing this service. 																										
AUTHORISED SIGNATURES																										
Date	D	D	M	M	Y	Y	Y	Y	Date	D	D	M	M	Y	Y	Y	Y									
Date	D	D	M	M	Y	Y	Y	Y	Date	D	D	M	M	Y	Y	Y	Y									
FOR BANK USE ONLY																										
Received:			Authorised:			Activated:																				
Date	D	D	M	M	Y	Y	Y	Y	Date	D	D	M	M	Y	Y	Y	Y	Date	D	D	M	M	Y	Y	Y	Y
Initials								Initials								Initials										