

ACCOUNT SERVICES

Please strike off unused sections of the form to prevent the same from being amended

I/We declare that I/we have received, read, and understood, the Saadiq Terms and Conditions, the Saadiq Service and Price Guide and the "Saadiq Declaration Form - Most Important Document" forming our banking agreement which are available at any of Standard Chartered Bank branches or the Bank's website at www.standardchartered.ae and I/we agree to be bound by them and any rules that may be applicable from time to time. I/We will provide the required Identification documents for each request as per the bank's requirement.

Account No. _____ Account Name _____
First Middle Last
 Date: _____

1. SUBSIDIARY ACCOUNT OPENING

Please arrange to open a _____ Account and issue
Currency Account Type

Debit Card¹ Cheque Book²

eStatement (_____) E-Advice
Frequency

¹Only valid for AED account. Not applicable for Call Accounts.

²Not applicable for Savings Account and Accounts in non-AED currency. Charges apply as per Service & Price Guide.

Authorised Signature(s) _____ Authorised Signature(s) _____

2. SIGNATURE UPDATE

Please update my new signature in your records

New

This request must be signed using your old signature.

Bank reserves the right to perform additional verification(s) prior to processing the instruction. Failure of any of the verification requirements may result in rejection of instruction.

Authorised Signature(s) _____ Authorised Signature(s) _____

3. STATEMENT / E-ADVICE

Please: Add Delete

Statement³

Type: Physical⁴ eStatement

Frequency⁵: Monthly Quarterly Half-yearly Yearly

E-Advice

³No statement will be issued if there are no transactions on the account.

⁴Charges apply as per the Service & Price Guide if outside the account statement frequency.

⁵If you request for a half-yearly or yearly statement, the default frequency will be set as quarterly (unless you already have a quarterly statement).

Authorised Signature(s) _____ Authorised Signature(s) _____

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4. IDENTITY DOCUMENT UPDATE

Please complete this section if any details have changed in relation to the identity documents you have previously supplied to the Bank.

Passport Number: _____

Expiry date / /

Visa Number: _____

Expiry date / /

Please provide a copy of the document(s) to be updated.

Authorised Signature(s) _____

5. EMPLOYMENT / INCOME UPDATE

Please update my Employer / Income details as follows:

Employer Name: _____

Gross Monthly Income: _____

Please attach the Original Salary Transfer Letter / Certificate.

Authorised Signature(s) _____

FOR BANK USE ONLY

Request submitted by:

In Person Mail Third Party

Original Copy

ID taken: Yes No NA

ID Type: Passport Labour Card Emirates ID/National ID

Driving License NA

ID Self Attested: Yes No NA

OSV Done: Yes No NA

Segment Code _____

RM Code _____

Closing ID _____

Sourcing ID _____

Referral ID _____

PFC / BSSM approval

Signature Verified