

## Bank Account Statement Request Form

		<b>Date</b>	____/____/____ dd mm yyyy
<b>Account Name</b>	Name(s) _____		
<b>Account Number</b>	13 digits _____		
<b>Statement from</b>		<b>Statement to</b>	<b>No. of Copy(ies)</b>
dd ____/mm ____/yyyy ____		dd ____/mm ____/yyyy ____	_____
<b>Disposal Instructions</b> (Please select one)	<input type="checkbox"/> Hold for collection by me at Branch _____ Branch Name		
	<input type="checkbox"/> Hold for collection by my authorised person at Branch (Letter of Authority enclosed) _____ Branch Name		
<b>Special Instructions(if any)</b>			
<b>Applicant(s) Declaration</b>			
I/We authorise The National Bank of Ras Al Khaimah (P.S.C) a Public Joint Stock Company/ The National Bank of Ras Al Khaimah (P.S.C) a Public Joint Stock Company - Islamic Banking Division (" <b>RAKBANK</b> ") to debit my/our above-mentioned Account Number towards the Bank Account Statement charges stipulated in Service and Price Guide (available/noted on RAKBANK website <a href="http://www.rakbank.ae">www.rakbank.ae</a> and displayed in the Branches) and as per the provisions of Terms and Conditions governing Personal / Business Accounts/ Sharia compliant Personal/ Business Accounts, as applicable. I/We agree that if there are insufficient funds in my/our above-mentioned Account or RAKBANK has not received the Bank Account Statement charges for whatever reasons, RAKBANK will cancel this Request Form. I/We agree to collect the Bank Account Statement from the Branch (where applied) within seven (7) calendar days of receiving a Short Service Message (SMS) on my registered mobile number in RAKBANK records, failing which the Bank Account Statement will be mailed to my/our registered address with RAKBANK.			
<b>Authorised Signatory (s)</b>			
<b>Signature(s) (On Collection)</b>			
		<b>Date</b>	____/____/____ dd mm yyyy

For Charges please refer [Service and Price](#) guide.

BANK USE					
On receipt of the request		On Collection of Statements		Collection of Charges & Printing of Statements (For Branches)	
<b>SA/ CSO</b>					
<input type="checkbox"/> Signature Verified (On Receipt of request and to debit charges)	Name/ Employee ID	<input type="checkbox"/> Signature Verified/ Witnessed  <input type="checkbox"/> ID Copy taken	Name/ Employee ID	Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived
	Sign			Amount in Figures	
	CSO			Tran ID (For Branches)	
<input type="checkbox"/> HPSP <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Interim <input type="checkbox"/> Duplicate	Name/ Employee ID		Sign	Name/ Employee ID	
	Sign		Sign	Sign	