

General			
In order to comply with Anti Money Laundering Regulations, this form is to be completed for all transactions > AED 40,000 and for all early settlement requests.			
Branch	<input type="checkbox"/> Abu Dhabi <input type="checkbox"/> Dubai		
Customer Name			
Depositor Name			Agreement Number
Depositor Address	PO Box:		Emirate:
Telephone Number			Mobile Number
Payer Identification Details			
Nationality			
ID Type	<input type="checkbox"/> PASSPORT <input type="checkbox"/> UAE ID CARD <input type="checkbox"/> LABOUR CARD <input type="checkbox"/> UAE DRIVING LICENCE <input type="text"/> Other (specify below)		
<input type="checkbox"/> Clear and Valid Copy of Identification (both sides) attached to this form			
Transaction Details			
Amount	AED		
Mode of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Through Exchange House <input type="text"/> Other (specify below)		
Copy of receipt/cheque or any transaction proof to be obtained from the customer.			
Purpose of Transaction	<input type="checkbox"/> Monthly Insallment <input type="checkbox"/> Early Settlement <input type="checkbox"/> Overdues <input type="text"/> Other (specify below)		
Source of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Sale of Assets <input type="text"/> Other (specify below)		
Declaration			
I hereby certify that I am the lawful owner of the above stated funds. I also certify that the money has not been obtained through any transaction connected with money laundering.			
Customer Signature			Date
Staff Name			Date