

Account Services

Note: 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.sc.com/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 | | | | ount and issue | |
| Currency | | Account T | ype | | |
| ☐ Debit Card¹ | | ☐ Cheque Book² | | | |
| eStatement (Frequency |) | E-Advice | | | |
| Frequency | | | | | |
| ¹ Only valid for AED account. Not applicable for Ca ² Not applicable for Savings Account and Accounts | | currency. Charges apply as | per Service & Price G | iuide. | |
| Authorised Signature(s) | | Authorised Signat | ture(s) | | |
| 2 Signature Update | | | | | |
| Please update my new signature in your records | | | | | |
| New | | | | | |
| This request must be signed using your old signat Bank reserves the right to perform additional v requirements may result in rejection of instruction. | erification(s) | prior to processing the ins | struction. Failure of a | any of the verification | |
| All parties updating their signatures hereby undertapresented. I/We have no objection to allow for su undersigned, hereby irrevocably and uncondition employees, officers, successors, advisors and age officers, successors, advisors and agents held harm or expenses (inclusive of court and advocacy fees) | ich DDAs to r ally undertakents and shall nless against a | remain active, based on the e to indemnify Standard Ch keep Standard Chartered Ba any and all demands, civil suit | existing mandate he nartered Bank UAE a ank UAE and its repre- ts, claims, losses, dan | Id with SCB. I/We, the nd its representatives, sentatives, employees, nages, complaints and/ | |
| Authorised Signature(s) | | Authorised Signat | ture(s) | | |

| 3 Stateme | nt / E-Advice | | | | | |
|-------------------------------|---|-----------------------|-----------------------|--|-------|--|
| Please: Add | d Delete | | | | | |
| Statement ³ | | | | | | |
| Type: | ☐ Paper ⁴ | eStatement | | | | |
| Frequency ⁵ : | ☐ Monthly | Quarterly | Half-yearly | Yearly | | |
| E-Advice | | | | | | |
| ⁴ Charges apply as | l be issued if there are respectively. By per the Service & Price and half-yearly or yearly state. | e Guide if outside th | he account stateme | ent frequency. as quarterly (unless you already have a quarterly staten | nent) | |
| Authorised Signat | ure(s) | | Autho | orised Signature(s) | | |
| 4 Identity | Document Update | | | | | |
| | | s have changed in r | elation to the identi | ty documents you have previously supplied to the E | 3ank | |
| | : | _ | | Expiry Date: | | |
| | | | Expiry Date: | | | |
| Emirates ID Number: | | | | | | |
| | copy of the document(s | | | | | |
| · | . , | | | | | |
| Authorised Signat | ure(s) | | | | | |
| 5 Employn | nent / Income Upda | ate | | | | |
| Please update my | Employer / Income de | tails as follows: | | | | |
| Employer Name: | | | | Gross Monthly Income: | | |
| Please attach the C | Driginal Salary Transfer Le | etter / Certificate. | | | | |
| | | | | | | |
| Authorised Signat | ure(s) | | | | | |
| | | | | | | |
| For Bank Use | Only | | | | | |
| Request submitte | d by: | | | | | |
| ☐ In Person | ☐ Mail ☐ Th | ird Party | | SegmentCode | | |
| Original | Сору | | | RM Code | | |
| ☐ ID taken: | ☐ Yes ☐ No | o 🗌 NA | | Closing ID | | |
| ☐ ID Type: | ☐ Passport ☐ La | bour Card 🔲 Em | irates ID/National II | Sourcing ID | | |
| | Driver's License | □NA | | Referral ID | | |
| ID Self Attested: | ☐ Yes ☐ No | o 🗌 NA | | | | |
| OSV Done: | ☐ Yes ☐ No | o 🗌 NA | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| PFC / BSSM appr | roval | | | Signature Verified | | |