

**CASH - ON - CALL REQUEST**

**REQUEST DETAILS**

Date:																
Cardholder Name:											Mawarid Finance Credit Card Number:					
Mobile No.:						Card Expiry:										
Address:																
Email Address:																

**PLEASE CREDIT THE APPROVED CASH PROCEEDS TO THE BELOW BENEFICIARY ACCOUNT**

Bank Name:																
Account Name:											Account Number:					
IBAN Number	A	E														
<b>Starting with AE</b>																
Applied Amount	AED															
Tenor	6 Months															

**DECLARATION:**

I have read and accepted the attached conditions which apply to the transfer of the above cash proceeds and I authorize Mawarid Finance to debit my Credit Card with the approved Cash-on-call amount(s), and related processing fees if any and credit the cash proceeds to the above named bank account number.

Primary Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR MAWARID USE ONLY				
RM:	CA:	CH:	CO:	CC:
Date:	Date:	Date:	Date:	Date: