

CASH - ON - CALL REQUEST

REQUEST DETAILS:

Date:

Cardholder Name:

Mawarid Finance Credit Card Number:

Mobile No.:

Card Expiry:

Address:

Email Address:

ACCOUNT DETAILS:

BENEFICIARY CARD 1

Bank/Financial Institution Name:

Account Name:

Account Number:

IBAN Number

Starting with AE

Applied Amount

AED :

Tenor

6 Months

Please credit the approved cash proceeds to the below account

BENEFICIARY CARD 1

Bank/Financial Institution Name:

Account Name:

Account Number:

IBAN Number

DECLARATION:

I have read and accepted the attached conditions which apply to the transfer of the above balance and I authorize Mawarid Finance to debit my Mawarid Finance Credit Card with the 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: