دائرة الموارد البشرية لحكومة دبي
DUBAI GOVERNMENT HUMAN RESOURCES DEPARTMENT

DUBAI GOVERNMENT EMPLOYEES SAVINGS PROGRAM
Idikhari

الصكوك الوطنية
NATIONAL BONDS

SECTION A - Employee Details

Ref No.

Name: Mr./Mrs./Ms./ | Designation:

Employee ID No. | Entity:

SECTION B - Customer Details - Individual/Minor

Name: Mr./Mrs./Ms./

Existing Customer: ◯ Yes ◯ No If yes, Please provide your Account Number | Account No.:

Nationality: | Gender: ◯ Male ◯ Female | DOB: dd/mm/yyyy

Place of Birth: City Country | ID Type: ◯ Passport ◯ Emirates ID

ID No.: | ID Expiry Date: dd/mm/yyyy

Mobile: | Email ID:

Applying For: ◯ Self ◯ Family Member | If family member please state relationship:

Guardian Details

Name: Mr./Mrs./Ms./

Nationality: | DOB: dd/mm/yyyy | Place of Birth: City Country

ID Type: ◯ Passport ◯ Emirates ID | ID No.: | ID Expiry Date: dd/mm/yyyy

Relationship w/ Minor: | Gender: ◯ Male ◯ Female

Profile and Income Details of Employee/Guardian

Source of Income: ◯ Salary ◯ Family Savings ◯ Business Proceeds ◯ Other

Profession: | Employer Name:

Marital Status: ◯ Married ◯ Single | Salary / Income: *(Per Month)*

Country of Residence: | Years in Country of Residence:

Residence Address: Address P.O. Box: City Country

Mailing Address: *If different from the Residence Address* Address P.O. Box: City Country

SECTION C - Self-Certification

FATCA: Are you a US Citizen / Resident/Green Card Holder ◯ Yes ◯ No *If yes, please provide your TIN*

CRS: Are you treated as a resident of any Country other than United Arab Emirates or USA for taxation purposes ◯ Yes *If yes, complete the below* ◯ No

Country of Residence for Tax Purposes and related Tax Payer Identification Number ("TIN") or equivalent number

Please complete the following table indicating the Countries you are considered as Resident for Taxation purposes along with the TIN for each Country. If the TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

Reason A: The Country where the Account Holder is resident does not issue TINs to its residents
Reason B: The Account Holder is otherwise unable to obtain a TIN
Reason C: No TIN is required as per the regulation of the Country you are considered a Resident for Taxation

Country of Tax Residence	TIN	If no TIN is available, please state the reason A, B or C. If B, please outline the reason for being unable to obtain TIN

SECTION D - Setup a Savings Plan

Please issue Saving Bonds worth of AED In figures In words

in the name of the above mentioned beneficiary on the ____ of each month, starting on dd/mm/yyyy

Monthly payments are made through Salary Deduction mandate*

SECTION E - Upgrade existing recurring payments mandate

Ref:

Monthly Payment Amount AED | Payment date: ____ of each month.

Payment Method Salary Deduction mandate

SECTION F - Cancel an existing plan

Ref:

I wish to cancel my plan with effect from*: dd/mm/yyyy

**If next payment due date is within 10 working days from cancellation date, cancellation will happen after next payment.

Disclaimer: With effect from 1st January 2018, Services by National Bond Corporation Sole Proprietorship P.S.C. shall be subject to Value Added Tax ('VAT'), as applicable as per the Federal Decree-Law No. (8), 2017 on Value Added Tax ('VAT Law') and Cabinet Decision No. (52), 2017 on the Executive Regulations. In the event of any non-compliance or mis-declaration by the Customer, the Company shall not be held responsible for financial loss (if any) to the Customer. The Company reserves the right to recover VAT from the Customer as may be applicable under the provisions of the VAT Law.

Consent and Declaration

I confirm that all the information provided above are true and hereby indemnify National Bond Corporation Sole Proprietorship P.S.C. against any loss or damage that may be incurred due to incorrectness of such information. I hereby declare that I have read and agree to be bound by the Terms and Conditions set out in a separate document. I agree to provide any additional information and/or supporting documents as when requested by the Company.

I, the undersigned, herewith authorize my Entity to deduct the following amount from commencement date onwards every month from my salary and remit the same amount to my account number with National Bond Corporation Sole Proprietorship P.S.C.

If there is a change in the circumstances that affects the FATCA/CRS Tax Residency Self-Certification provided above or causes the information provided above to become incomplete or incorrect, I understand that I am obligated to inform The Company of the change in circumstances within 30 days of its occurrence and to provide with suitably updated details.

Employee Signature, Date

Relationship Manager Name/Signature:

Assistant Relationship Manager Name/Signature:

Customer Signature, Date

MKT/2018/12/ESPDGAPP/02