

For FATCA (Foreign Account Tax Compliance Act) requirements, please tick the below boxes (if applicable)

- | | |
|---|---|
| <input type="checkbox"/> Resident in U.S.A. | <input type="checkbox"/> Holding American Passport |
| <input type="checkbox"/> U.S.A. Social Security Number | <input type="checkbox"/> U.S.A. Green Card |
| <input type="checkbox"/> Have Registered U.S.A. Address | <input type="checkbox"/> Born in U.S.A. |
| <input type="checkbox"/> Have U.S.A Telephone No. | <input type="checkbox"/> Property(ies) registered in U.S.A. |
| <input type="checkbox"/> Controlling the Account on Behalf of U.S.A. Person | |
| <input type="checkbox"/> Standing Instructions to transfer funds to U.S.A. | |
| <input type="checkbox"/> Income effectively connected with the conduct of trade or Business in the United States of America (U.S.A) | |
| <input type="checkbox"/> I hereby certify that none of the above USA indica's are applicable to my profile. | |

If any of the above is applicable please specify the following:

U.S.A. Full Address including P.O. Box: _____

U.S.A. Telephone Number: _____

U.S.A. Taxpayer Identification Number (TIN): _____

(U.S.A.) Social Security Number (SSN): _____

(U.S.A.) Employer Identification Number (EIN): _____

If any of the following is applicable to you or any of your relatives?

- | | |
|--|---|
| <input type="checkbox"/> Politically Exposed Person | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Related to a Politically Exposed Person | |

Specify the position and Name: _____

Residence Address Details - UAE

Residence Address Flat/Villa No. _____

Building/Villa Name _____

Full address: Street Name/Location _____

Nearest Landmark _____

City _____ Country _____

P.O. Box No. _____ Residence Telephone No. _____

Mobile No. _____

Primary Email: _____

Secondary Email: _____

Residence Type: Owned Rented Provided by Employer

Other: _____

Home Country Address (Mandatory for non UAE Nationals)

Address in Home Country: Flat/Villa No. _____

Building / Villa Name _____

Full address: Street Name/Location _____

Nearest Landmark _____

City _____ Country _____

P.O. Box No. _____ Residence Telephone No. _____

Mobile No. _____

On behalf of the customer, I/We will certify that all information in this application is true and correct in all respects and the Customer will be bound by the CBD Corporate Card Program Terms and Conditions and will be liable for all transactions and charges incurred by the use of or in connection with the card. I/We request that a CBD Corporate Card be issued to the above nominee with the Card Limit of :

Travel & Entertainment in AED _____ Purchasing Card in AED _____

Allow Cash Advance : Yes No
(Only for Travel & Entertainment Cards)

Card Holder Acknowledgement:

I hereby acknowledge the content of the CBD Corporate Card Program terms and conditions and agree to be bound by the same in so far as they relate to the use, and security of the card and the PIN.

Declaration:

I hereby acknowledge and declare that the details provided above are true and correct to the best of my knowledge and believe and undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be held liable for it.

I hereby give unconditional and irrevocable written consent to Commercial Bank of Dubai, its subsidiaries, agents and authorized Staff including Al Etihad Credit Bureau and any third party Service providers for disclosure, sharing usage, processing and searching of my "Credit Information, Credit Record and Credit Information Report" as required by UAE Laws for Al Etihad Credit Bureau.

I agree that any duplication and any copy, photocopy, electronic data, or facsimile which have been made as a copy from this original consent letter by means of photocopying, image scanning, or recording in whatever forms shall be deemed as evidence of consent with the same effect as its original.

I shall indemnify and hold the Bank safe from any claims howsoever arising from as a result of such sharing, searching, usage, processing or disclosure of account information and data.

Signature of Employee / Cardholder

Authorized Signatories of the customer: Acting together/individually (delete as appropriate)

Authorized Signatory - 1

Name: _____

Designation: _____

Date: _____ Signature: _____

Authorized Signatory - 2

Name: _____

Designation: _____

Date: _____ Signature: _____

For Bank Use Only

RM Name:* _____ Branch Name:* _____

Card Limit:* _____ Card Relationship No _____

RM Signature: _____

(*to be provided in case of new cards required for existing clients)

COD Use Only

Account Authorized Signatories Signature(s) verified: Yes No

Cardholder RIM No: _____ Company RIM No: _____

If existing RIM please specify _____

Customer Classified as U.S Person: Yes No

Maker: _____ Verifier: _____

Received by: _____

Card Management Use Only

RIM No. _____ Sweep A/C No. _____

Segment _____ Process Date _____

Customer System Data Updated: Yes No

Signature _____