

Bank Account Statement Request Form

		Date	____/____/____ dd mm yyyy
Account Name	Name(s) _____		
Account Number	13 digits _____		
Statement from ____/____/____		Statement to ____/____/____	
		No. of Copy(ies) _____	
Disposal Instructions <small>(Please select one)</small>	<input type="checkbox"/> Hold for collection by me at Branch _____ Branch Name		
	<input type="checkbox"/> Hold for collection by my authorised person at Branch <small>(Letter of Authority enclosed)</small> _____ Branch Name		
Special Instructions(if any)			
Applicant(s) Declaration			
I/We authorise The National Bank of Ras Al Khaimah (P.S.C) (" RAKBANK ") to debit my/our above-mentioned Account Number towards the Bank Account Statement charges stipulated in Service and Price Guide (available/noted on RAKBANK website www.rakbank.ae and displayed in the Branches) and as per the provisions of Terms and Conditions governing Personal / Business Accounts/ Sharia compliant Personal/ Business Accounts, as applicable. I/We agree that if there are insufficient funds in my/our above-mentioned Account or RAKBANK has not received the Bank Account Statement charges for whatever reasons, RAKBANK will cancel this Request Form. I/We agree to collect the Bank Account Statement from the Branch (where applied) within seven (7) calendar days of receiving a Short Service Message (SMS) on my registered mobile number in RAKBANK records, failing which the Bank Account Statement will be mailed to my/our registered address with RAKBANK.			
Authorised Signatory (s)			
Signature(s) (On Collection)			
		Date	____/____/____ dd mm yyyy

For Charges please refer [Service and Price](#) guide.

BANK USE					
On receipt of the request		On Collection of Statements		Collection of Charges & Printing of Statements (For Branches)	
SA/ CSO					
<input type="checkbox"/> Signature Verified (On Receipt of request and to debit charges)	Name/ Employee ID	<input type="checkbox"/> Signature Verified/ Witnessed	Name/ Employee ID	Charges	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waived
	Sign			Amount in Figures	
				Tran ID (For Branches)	
CSO <input type="checkbox"/> HPSP <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Interim <input type="checkbox"/> Duplicate	Name/ Employee ID	<input type="checkbox"/> ID Copy taken		Name/ Employee ID	
	Sign		Sign	Sign	