بنـك أبـوظبـي الأول

FAB

First Abu Dhabi Bank

FGB Product

Date 15 NOV 2022 التاريخ

Pay against this cheque to DUBAI FIRST إدفعوا بموجب هذا الشيك الى

Dirhams Three hundred twenty five thousand only درهم

AED 325000/ درهم

irst Abu Dhabi Bank PJSC

lame : MOHAMMAD KHAN

ccount No. 1031154053922001

Signature التوقيع

ARNING: THIS CHEQUE CONTAINS INVISIBLE UV / IR INK PRINTED ON WATERMARK PAPER

بنك الخليج الأول علامة تجارية مملوكة لبنك أبوظبي الأول (شركة مساهمة عامة)

FGB is a trademark owned by First Abu Dhabi Bank PJSC

eque No. 1554040

746

First Abu Dhabi Bank

Cheque Return Memo

مذكرة إعادة شيك

Dated	16-Nov-22	التاريخ :
Ref	TT223208J4T6	الإشارة :
Branch Name		اسم الفرع :
Beneficiary Name	COLLECTION ACCOUNT	اسم المستفيد :
Beneficiary Address		عنوان المستفسد :
Beneficiary Account	AED154510100	حساب المستفيد :
The Cheque, details as indicated below was returned unpaid for the reason stated by the drawn on bank.		نفيد بهذا أن الشيك الواردة تفاصيله أدناه قد أعيد دون سداد ,و ذلك للأسباب التي أوردها البنك المسحوب عليه الشيك
Drawn On Bank	First Abu Dhabi Bank	البنك المسحوب عليه الشيك
Drawn On Bank Branch	Sheikh Zayed Road Branch, Dubai	فرع البنك المسحوب عليه الشيك
Drawn On Account	1031154053922001	حساب المسحوب عليه الشيك
Date of Return	16-Nov-22	تاريخ إرجاع الشيك
Cheque Number	1554040	رقم الشيك
Cheque Amount	325,000.00	مبلغ الشيك
Return Reason Code	A	رمز إعادة الشيك
Return Reason Description		و صف أسباب إعادة الشيك

FAB

FA0006152746

Insufficient Funds

193,952.26

AUH

إشعار يصدر اليا - لا يتطلب توقيع

Advice system Generated - No Signature Required

Classification : Confidential\FAB Business, –Transactional, Customer PII and Accounts

Dubai First credit card application form

a. For speedy processing of your application, please:
- Use capital letters
- Complete all sections and write "N/A" in areas not applicable to you
- Countersign all modifications or corrections you make

b. Documents required:
- Passport photocopy with residence visa page/national ID copy
- Last 3 months bank statements
- Original salary certificate (if you are salaried)
- Proof of ownership of business (if you are self-employed)

c. Age eligibility:
- Primary card applicants must be over 21 years of age
- Supplementary card applicants must be over 16 years of age

d. Other documents on request:
- Original passport or valid labour card or goverment ID
- Security cheque

17/7/2013

Please tell us about yourself

☐ Mr ☐ Mrs ☐ Ms ☐ Other _____

Your name as in your passport/ID (Please use CAPITAL letters)

First name	Middle name	Last name
Mohammad	JAVED	Khan

Passport no.	Date of issue	Expiry date	Place of issue
F3594639	29-03-2005	28-07-2015	RANCHI

Nationality: India Date of birth: 23/07/1982 (DD MM YY)

Years of residence in the UAE: 4 yrs Family in UAE ☐ Yes ☐ No

Edberah No.: _____ (For UAE Nationals only) Emirates ID no.: 784-1982-9804150-2

Sex: ☐ Male ☐ Female

Marital status: ☐ Single ☐ Married ☐ Others Number of dependents: _____

Mother's maiden name: SYEEDA KHATOON (this is a security feature for your protection)

Name of spouse: _____

Your place of birth: JAMSHEDPUR

Your educational background: ☐ Graduate ☐ Post-graduate ☐ Others

Your name as you would like it to appear on your card

(Leave one space between names)

MOHAMMAD JAVED KHAN

Please use capital letters (19 characters maximum)

Residence address

House/Flat no.: 1103 Building name: Layaning Kafa Building

Street: Hamdan St. Nearest landmark: AL SHALAMA Hospital

PO Box: _____ Emirate: Abu Dhabi

Tel: _____ Mobile: 055-4448664

Type of accommodation: ☐ Owned ☐ Rented ☐ Company accommodation

Annual rent (AED) _____

Office address

Name of your organisation.: ADCB

Staff ID no.: _____

Department: SME Building name: ANC BUILDING

Street: Trans Tepi office Nearest landmark: Trans Tepi office

PO Box: 939 Emirate: Abu Dhabi

Tel: 02-4937857 Ext: _____ Fax: _____

E-mail: mail.J'khan@gmail.com

Mailing address

Please specify your preferred address for communication

☐ Office ☐ Residence

Other subscription

Subcription to e-statements (✓ Mandatory)

Email: mail.J khan@gmail.com

Welcome Gift* Please refer to Welcome brochure and tick your choice

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

Subscription to SMS alerts at a monthly fee of AED 3 ☐ Yes ☐ No

Permanent address in home country (for expatriates only)

House/Flat no.: 111 Building name: Road No 03 Jawahar Nagar

Tel: 0091-9031129850 Street: 13 st City: Jamshedpur Country: _____

Reference

Name of friend/relative in UAE: Sohail.

Tel: (off/res): _____ Mobile: 055-9101414 Emirate: Abu Dhabi

Please tell us about your work

☐ Salaried ☐ Self-employed ☐ Other (please specify): _____

If you are salaried

Your present designation: SME

Date of joining current organisation: 18/03/2012 (DD MM YY)

Name of previous employer.in the UAE: _____

Number of years worked with previous employer: _____

Monthly salary	Monthly deductions

If you are self-employed (professional/business)

Nature of business/practice: _____

Years of business in the UAE: _____

Estimates of income: _____ Annual gross income: _____

Annual net income: _____ Annual gross expenses: _____

Other source of income (if any)

Source	Amount (AED)

Other credit cards held

	Name of issuing bank	Credit card number	Credit limit
1.			
2.			
3.			

NA

Please tell us about your financial commitments

	Bank	Account number	Monthly payment	Balance outstanding
Personal loan:				
Auto loan:				
Bank account:				

Nomination of beneficiary*

As a Dubai First cardmember you could be entitled to several complimentary insurance benefits.

Please give us details of your beneficiary you would like to nominate for this purpose.

Name: _____

Relationship: _____ Tel: _____

Applicable fee as per schedule of charges will apply

* Terms and conditions apply

Supplementary credit card application

You can apply for a supplementary credit card for your spouse, parents, children or siblings over 16 years of age.

1. Name of supplementary card applicant as in passport (passport copy not required)

First name | Middle name | Last name

Name of the supplementary card applicant as you would like it to appear on the card
(Leave one space between names)

Please use capital letters (19 characters maximum)

Relationship: Spouse Other _____
Please specify

Mobile: ( ) _____

Sex: Male Female Date of birth: ____/____/____
DD MM YY

Occupation: _____ Mother's maiden name: _____

Please indicate the percentage of your credit limit you want to set on the supplementary card:

☐ 10% ☐ 25% ☐ 50% ☐ 75% ☐ 100%

You and the supplementary cardmember(s) will be jointly and severally liable for all transactions, fees and charges on the primary card and the supplementary card(s)

You can apply for a supplementary credit card for your spouse, parents, children or siblings over 16 years of age.

2. Name of supplementary card applicant as in passport (passport copy not required)

First name | Middle name | Last name

Name of the supplementary card applicant as you would like it to appear on the card
(Leave one space between names)

Please use capital letters (19 characters maximum)

Relationship: Spouse Other _____
Please specify

Mobile: ( ) _____

Sex: Male Female Date of birth: ____/____/____
DD MM YY

Occupation: _____ Mother's maiden name: _____

Please indicate the percentage of your credit limit you want to set on the supplementary card:

☐ 10% ☐ 25% ☐ 50% ☐ 75% ☐ 100%

Authorisation

Please sign this authorisation

I hereby apply for the issuing of a Dubai First credit card and declare that the information provided on this application is true and complete and undertake to advise Dubai First about any subsequent changes in respect thereto. I hereby authorise Dubai First to verify any information from whatever sources it may consider appropriate.

By signing this application form I acknowledge and agree that I will be accepting the terms and conditions and schedule of fees and charges of the Dubai First credit card, and which are applicable to the primary as well as supplementary cards. I understand that Dubai First may at its sole discretion amend the terms and conditions and schedule of fees and charges from time to time without prior notice.

I authorise Dubai First to share any of the information in connection with this application form to any service provider, for the purposes of providing any services to me in connection with this application and I agree not to make any claim against Dubai First in respect thereto. I agree to my information being used to contact me regarding any products and services being offered by Dubai First or any of Dubai First's partners from time to time. By providing my e-mail address to Dubai First, I agree to receive statements and other communication about Dubai First products and services via email, in accordance with Dubai First Terms and Conditions.

I accept that Dubai First is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever. I also agree that this application and all supporting documents presented to Dubai First will remain the property of Dubai First. Upon approval of this application, I agree to the credit limits assigned by Dubai First as per Dubai First's policies and norms and also to pay prevailing annual fees. If Dubai First is of the opinion that my application does not satisfy the credit card eligibility criteria, I do not have any objection with Dubai First changing the credit card type to be assigned at its sole discretion and I agree to be bound by the assigned credit card's terms and conditions and schedule of fees and charges.

If I apply for a supplementary card and the applicant is a minor, I hereby authorise Dubai First to issue the applicant a card and I confirm that I am the applicant's natural guardian. I understand and agree that it will be my responsibility to pay for all charges and fees billed to the supplementary cards issued. I also understand that the continuation of the membership and use of the supplementary cards will be dependent on continuation of my membership. While Dubai First uses its best endeavours to ensure that the credit limit on the supplementary card is adhered to, should the card system permit the supplementary card member to exceed the credit limit agreed upon, I as a primary card member shall be liable for the additional spending and charges to the full extent of the balance.

I confirm and acknowledge that I shall be fully responsible for any credit card applied for by me and hereby absolve Dubai First from any such liability based on the information of the supplementary card applicant.

I agree to indemnify Dubai First against any loss, damage, liability or cost incurred by Dubai First on account of the issue of the supplementary card and on account of any breach by me or the supplementary card member of this declaration, or any other terms and conditions contained in the Dubai First credit card agreement, or by reason of any legal disability or incapacity of the supplementary card member.

I acknowledge and agree that I am automatically enrolled for insurance and that I am bound by the relevant terms and conditions. I understand that the insurance shall be offered free of charge during the first month only, after which a nominal charge will be applicable for which I authorise Dubai First to debit from my applied credit card account. I understand that I can opt out of the insurance by intimating Dubai First.

Annual membership fee	Primary card	Supplementary card
Titanium Life credit card	AED 400	Free

For priority processing of your application, please complete the application in full and enclose relevant documentation as specified. Incomplete application may be delayed, rejected or returned without processing.

Your signature

(Please sign within the signature box)

Date: 11 / 09 / 2013
DD MM YY

For Dubai First D-4522

Request processed by: Yogendra Singh

Date request received: ____/____/____
DD MM YY

Sl. No. A 17102

Dubai First Pvt JSC
PO Box 111656
Dubai, UAE

Terms and conditions apply

dubai first

Titanium Life

Application Form

SMART CARD Awards
MIDDLE EAST
MAY 2012
Winner
BEST CREDIT CARD
BEST NEW CARD

GET MORE FROM Life

dubai first

Customer Declaration Form

Dear Customer,

To ensure clarity regarding the company's terms & fees, kindly review the entire declaration form below thoroughly, fill out completely and sign your acceptance. Do retain a copy of this declaration form for your reference.

Annual membership fee	Primary card	Supplementary card
Titanium Life credit card	AED 400	Free

Credit Shield

You are automatically enrolled for the Credit Shield facility provided on your Dubai First credit card. In order to opt out of the Credit Shield facility, please call our Contact Center on 04 506 8888 before your 1st billing cycle.

General

I hereby enclose my application for the Titanium Life credit card.

I confirm that I have been clearly explained the following annual fees applicable:

- For the first year on primary card: AED Free
- On renewal of primary card: AED 400
- For the supplementary card: FREE
- On renewal of supplementary card: FREE

I have attached the following documents

- ☑ Valid passport copy with valid visa page/national ID copy
- ☑ Bank statement for 1/3 months
- ☑ Salary certificate/salary transfer letter/pay slip
- ☐ Trade license copy
- ☐ Undated cheque
- ☐ Other: _____

I understand that:

- This application will be processed in 10 working days from the date of receipt by Dubai First, provided the application is complete with all relevant documents as required by Dubai First.
- Cheque no. 000011 drawn on ADCB has been given by me to Dubai First as per Dubai First's policy. I understand that I am the issuer of this cheque and I will be liable in all circumstances except for the following:
  (a) Termination of all my credit card account(s) and other facilities with Dubai First and after I receive written notification of full and final settlement of all outstanding dues on my credit card(s) and other products or facilities from Dubai First.
  (b) After I receive written notification of rejection of this credit card application from Dubai First, unless I have other facilities or products with Dubai First.

Name of the applicant: MOHAMMAD JAVED KHAN Signature of the applicant: Jawed Khan

(Please retain a copy of the declaration form)

Road/Street: Dubai Marina Mall.

Area: JLT Emirate: Dubai Date: 11/09/2013

DD MM YY

For Dubai First use only

Request processed by: _____

Date request received: ____/____/____ DD MM YY

Sl. No. A17102

Dubai First Pvt JSC
PO Box 111656
Dubai, UAE

Supplementary credit card application

You can apply for a supplementary credit card for your spouse, parents, children or siblings over 16 years of age.

1. Name of supplementary card applicant as in passport (passport copy not required)

First name | Middle name | Last name

Name of the supplementary card applicant as you would like it to appear on the card (Leave one space between names)

Please use capital letters (19 characters maximum)

Relationship: Spouse Other _____ Please specify

Mobile: ( ) _____

Sex: Male Female Date of birth: ____/____/____ DD MM YY

Occupation: _____ Mother's maiden name: _____

Please indicate the percentage of your credit limit you want to set on the supplementary card:

☐ 10% ☐ 25% ☐ 50% ☐ 75% ☐ 100%

You and the supplementary cardmember(s) will be jointly and severally liable for all transactions, fees and charges on the primary card and the supplementary card(s)

You can apply for a supplementary credit card for your spouse, parents, children or siblings over 16 years of age.

2. Name of supplementary card applicant as in passport (passport copy not required)

First name | Middle name | Last name

Name of the supplementary card applicant as you would like it to appear on the card (Leave one space between names)

Please use capital letters (19 characters maximum)

Relationship: Spouse Other _____ Please specify

Mobile: ( ) _____

Sex: Male Female Date of birth: ____/____/____ DD MM YY

Occupation: _____ Mother's maiden name: _____

Please indicate the percentage of your credit limit you want to set on the supplementary card:

☐ 10% ☐ 25% ☐ 50% ☐ 75% ☐ 100%

Authorisation

Please sign this authorisation

I hereby apply for the issuing of a Dubai First credit card and declare that the information provided on this application is true and complete and undertake to advise Dubai First about any subsequent changes in respect thereto. I hereby authorise Dubai First to verify any information from whatever sources it may consider appropriate.

By signing this application form I acknowledge and agree that I will be accepting the terms and conditions and schedule of fees and charges of the Dubai First credit card, and which are applicable to the primary as well as supplementary cards. I understand that Dubai First may at its sole discretion amend the terms and conditions and schedule of fees and charges from time to time without prior notice.

I authorise Dubai First to share any of the information in connection with this application form to any service provider, for the purposes of providing any services to me in connection with this application and I agree not to make any claim against Dubai First in respect thereto. I agree to my information being used to contact me regarding any products and services being offered by Dubai First or any of Dubai First's partners from time to time. By providing my e-mail address to Dubai First, I agree to receive statements and other communication about Dubai First products and services via email, in accordance with Dubai First Terms and Conditions.

I accept that Dubai First is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever. I also agree that this application and all supporting documents presented to Dubai First will remain the property of Dubai First. Upon approval of this application, I agree to the credit limits assigned by Dubai First as per Dubai First's policies and norms and also to pay prevailing annual fees. If Dubai First is of the opinion that my application does not satisfy the credit card eligibility criteria, I do not have any objection with Dubai First changing the credit card type to be assigned at its sole discretion and I agree to be bound by the assigned credit card's terms and conditions and schedule of fees and charges.

If I apply for a supplementary card and the applicant is a minor, I hereby authorise Dubai First to issue the applicant a card and I confirm that I am the applicant's natural guardian. I understand and agree that it will be my responsibility to pay for all charges and fees billed to the supplementary cards issued. I also understand that the continuation of the membership and use of the supplementary cards will be dependent on continuation of my membership. While Dubai First uses its best endeavours to ensure that the credit limit on the supplementary card is adhered to, should the card system permit the supplementary card member to exceed the credit limit agreed upon, I as a primary card member shall be liable for the additional spending and charges to the full extent of the balance.

I confirm and acknowledge that I shall be fully responsible for any credit card applied for by me and hereby absolve Dubai First from any such liability based on the information of the supplementary card applicant.

I agree to indemnify Dubai First against any loss, damage, liability or cost incurred by Dubai First on account of the issue of the supplementary card and on account of any breach by me or the supplementary card member of this declaration, or any other terms and conditions contained in the Dubai First credit card agreement, or by reason of any legal disability or incapacity of the supplementary card member.

I acknowledge and agree that I am automatically enrolled for insurance and that I am bound by the relevant terms and conditions. I understand that the insurance shall be offered free of charge during the first month only, after which a nominal charge will be applicable for which I authorise Dubai First to debit from my applied credit card account. I understand that I can opt out of the insurance by intimating Dubai First.

Annual membership fee	Primary card	Supplementary card
Titanium Life credit card	AED 400	Free

For priority processing of your application, please complete the application in full and enclose relevant documentation as specified. Incomplete application may be delayed, rejected or returned without processing.

Your signature

(Please sign within the signature box)

Javad Khan

Date: 11 / 09 / 2013 DD MM YY

For Dubai First D-4522

Request processed by: Yogendra Singh

Date request received: ____/____/____ DD MM YY

Sl. No. A 17102

Dubai First Pvt JSC
PO Box 111656
Dubai, UAE

Terms and conditions apply

dubai first

Titanium Life

Application Form

SMART CARD Awards
MIDDLE EAST
MAY 2012
Winner
BEST CREDIT CARD
BEST NEW CARD

GET MORE FROM Life

United Arab Emirates

Identity Card

دولة الإمارات العربية المتحدة

بطاقة هوية

ID Number / رقم الهوية

784-1983-9804150-3

الإسم: محمد جاويد مجيد خان

Name: Mohammad Javed Majid Kh...

Nationality: India

18995 / 01

Sex: M الجنس: ذكر

Date of Birth / تاريخ الولادة
22/07/1983

Card Number / رقم البطاقة
058362397

Expiry / الصلاحية
01/05/2014

0A00008C45540670

If you find this card, please return it to the issuing organisation or to the nearest police station

Signature / التوقيع

عند العثور على هذه البطاقة الرجاء إرجاعها الى جهة إصدار البطاقة أو الى أقرب مركز شرطة

ILARE0583623979784198398041503
8307222M1405015IND<<<<<<<<<<<<0
KHAN<<MOHAMMAD<J[illegible]D<MAJID<<<<

Gaigw Sw
P-4522
11/8/13
Yogesh

بنك أبو ظبي التجاري

ADCB

Mohammad Javed Khan

Outsource

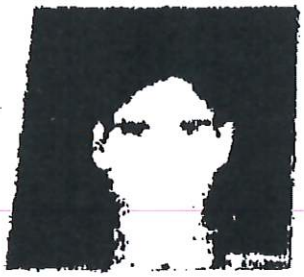
BBG

1. Are you wearing your ADCB ID card during office hours?
2. Do not leave your PC running unattended.
3. Do you regularly back-up your critical data?
4. Is your HR online record up to date?
5. Do not share this card with others for granting access.

هذه البطاقة ملكا لبنك أبو ظبي التجاري و في حالة العثور عليها يرجى إرسالها على ص. ب.:939 أبو ظبي,أ.ع.م. أو تسليمها لاي من فروع البنك. أو الاتصال على الرقم: 02 6962088

This card is property of Abu Dhabi Commercial Bank and if found please mail it to P.O. Box 939, Abu Dhabi, UAE or hand over at any of the branches or call 02-6962088.

30294 211185161-1



KHAN

MOHAMMAD JAVED

JAMSHEDPUR

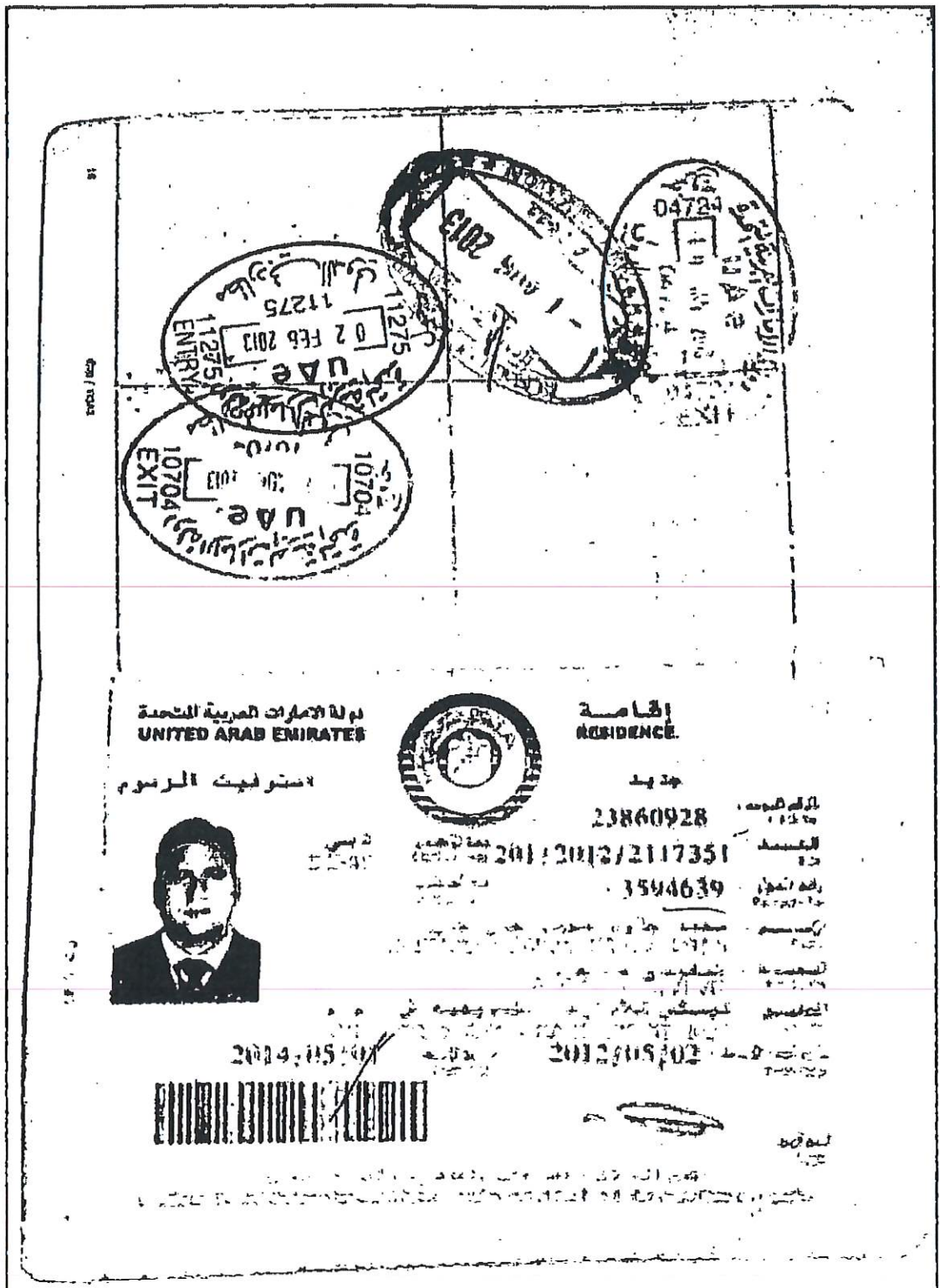
RANCHI

29/07/2006 28/07/2016

P<INDKHAN<<MOHAMMAD<JAVED<<<<<<<<<<<<<<<<<<<<

F3594639<8IND8307222M1607285<<<<<<<<<<<<<<<<<0

800 5626 · www.adcbislamic.com


UAE
11275
ENTRY
02 FEB 2013
UAE
10704
EXIT
04724
EXIT
دولة الإمارات العربية المتحدة
UNITED ARAB EMIRATES
إقامة
RESIDENCE
جديد
استوفيت الرسوم
23860928
201/2012/2117351
3594639
2014/05/01
2012/05/02

REGISTRATION

CAUTION

MAJID KHAN

SYEEDA KHATOON

H.NO-111,ROAD NO13,JAWAHAR

NAGAR,MANGO,JAMSHEDPUR,

EAST SINGHBHUM-832110.

RCNA00258305

dubai first

Customer Declaration Form

Dear Customer,

To ensure clarity regarding the company's terms & fees, kindly review the entire declaration form below thoroughly, fill out completely and sign your acceptance. Do retain a copy of this declaration form for your reference.

Annual membership fee	Primary card	Supplementary card
Titanium Life credit card	AED 400	Free

Credit Shield

You are automatically enrolled for the Credit Shield facility provided on your Dubai First credit card. In order to opt out of the Credit Shield facility, please call our Contact Center on 04 506 8888 before your 1st billing cycle.

General

I hereby enclose my application for the Titanium Life credit card.

I confirm that I have been clearly explained the following annual fees applicable:

- For the first year on primary card: AED Free
- On renewal of primary card: AED 400
- For the supplementary card: FREE
- On renewal of supplementary card: FREE

I have attached the following documents

- ☑ Valid passport copy with valid visa page/national ID copy
- ☑ Bank statement for 1/3 months
- ☑ Salary certificate/salary transfer letter/pay slip
- ☐ Trade license copy
- ☐ Undated cheque
- ☐ Other: _____

I understand that:

- This application will be processed in 10 working days from the date of receipt by Dubai First, provided the application is complete with all relevant documents as required by Dubai First.
- Cheque no. 000011 drawn on ADCB has been given by me to Dubai First as per Dubai First's policy. I understand that I am the issuer of this cheque and I will be liable in all circumstances except for the following:
  (a) Termination of all my credit card account(s) and other facilities with Dubai First and after I receive written notification of full and final settlement of all outstanding dues on my credit card(s) and other products or facilities from Dubai First.
  (b) After I receive written notification of rejection of this credit card application from Dubai First, unless I have other facilities or products with Dubai First.

Name of the applicant: MOHAMMAD JAVED KHAN Signature of the applicant: Javed Khan
(Please retain a copy of the declaration form)

Road/Street: Dubai Marina Mall.

Area: JLT Emirate: Dubai Date: 11/09/2013
DD MM YY

For Dubai First use only

Request processed by: _____

Date request received: ____/____/____
DD MM YY

Sl. No. A 17102

Dubai First Pvt JSC
PO Box 111656
Dubai, UAE

	AED [illegible]
	AED 2,000
Fixed Pay	AED 6500

[illegible] recognition of your good performance, and the contribution [illegible]

[illegible] conditions of your employment, will remain unchanged.

We look forward to your continued progress, and extend our best wishes for your future success with [illegible] ADCB.

Yours Sincerely

Awatif Errooui
Head – Human Resources Department

Cc: Payroll
P/F

ORIGINAL SEEN
Vera
12/09/2013

Individual compensation and reward are private and confidential information that should not be discussed or disclosed

AL ABBAR HOLDING

هاتف: [illegible] | فاكس: [illegible] | ص.ب: [illegible] | دبي، الإمارات العربية المتحدة
Tel: +971 4 2668866 | Fax: +971 4 2668866 | P.O.Box: 15016 | DUBAI - UAE | E-mail: info@alnabdlholding.com
www.alnabdlholding.com

LOCUS MARKETING MANAGEMENT FZ-LLC

[redacted]

[redacted]

[redacted]

Fund Pay Increase - 2013

We are pleased to inform you that based on your performance you have been awarded an increase to your monthly Fund Pay. Effective from 1 August 2013 your new Fund Pay will be as follows:

Basic Salary	AED 3000
General Allowance	AED 2100
Fund Pay	AED 6500

This increase is in recognition of your good performance, and the contribution you are making to our client ADCB's success.

All other terms and conditions of your employment will remain unchanged.

We look forward to your continued progress, and extend our best wishes for your future success with our client ADCB.

Yours sincerely

Awatif Ernoul
Head – Human Resources Department

Cc: Payroll
P/F

Original Seen
11/8/13
P-4522
Yogendra Singh

Individual compensation and reward are private and confidential information that should not be discussed or disclosed

AL AABDI HOLDING L.L.C

هاتف: ٢٦٨٦٨٦٩ ٤ ٩٧١+ | فاكس: ٢٦٦٨٠٦٦ ٤ ٩٧١+ | ص.ب ١٥٠١٦ | دبي - الإمارات العربية المتحدة

Tel +971 4 2668669 | Fax +971 4 2668066 | P.O.Box: 15016 | DUBAI - UAE | E-mail: info@alaabdiholding.com

www.alaabdiholding.com

Dubai First credit card application form

a. **For speedy processing of your application, please:**
- Use capital letters
- Complete all sections and write "N/A" in areas not applicable to you
- Countersign all modifications or corrections you make

b. **Documents required:**
- Passport photocopy with residence visa page/national ID copy
- Last 3 months bank statements
- Original salary certificate (if you are salaried)
- Proof of ownership of business (if you are self-employed)

c. **Age eligibility:**
- Primary card applicants must be over 21 years of age
- Supplementary card applicants must be over 18 years of age

d. **Other documents on request:**
- Original passport or valid labour card or government ID
- Security cheque

Please tell us about yourself

☐ Mr ☐ Mrs ☐ Ms ☐ Other _____

Your name as in your passport/ID (Please use CAPITAL letters)

First name	Middle name	Last name
Mohammad	JAVED	KHAN

Passport no.	Date of issue	Expiry date	Place of issue
F3594639	29-03-2005	28-07-2015	RANCHI

Nationality: India Date of birth: 23/07/1983 (DD/MM/YY)

Years of residence in the UAE: 4 yrs Family in UAE ☐ Yes ☐ No

Edbarah No.: _____ (For UAE Nationals only) Emirates ID no.: 784-1983-9804150-2

Sex: ☐ Male ☐ Female

Marital status: ☐ Single ☐ Married ☐ Others Number of dependents: _____

Mother's maiden name: SYEEDA KHATOON (this is a security feature for your protection)

Name of spouse: _____

Your place of birth: JAMSHEDPUR

Your educational background: ☐ Graduate ☐ Post-graduate ☐ Others

Your name as you would like it to appear on your card

(Leave one space between names)

MOHAMMAD JAVED KHAN

Please use capital letters (19 characters maximum)

Residence address

House/Flat no.: 1103 Building name: Layghina Kotra Buildings

Street: Hamdan St. Nearest landmark: AL SHALAMA Hospital

PO Box: _____ Emirate: Abu Dhabi

Tel: _____ Mobile: (055-4748664

Type of accommodation: ☐ Owned ☐ Rented ☐ Company accommodation

Annual rent (AED) _____

Office address

Name of your organisation.: ADCB

Staff ID no.: _____

Department: SME Building name: ANC BUILDING

Street: Trans Tepi office Nearest landmark: Trans Tepi office

PO Box: 939 Emirate: Abu Dhabi

Tel: 02-4937857 Ext: _____ Fax: _____

E-mail: mail.J'khan@gmail.com

Mailing address

Please specify your preferred address for communication

☐ Office ☐ Residence

Other subscription

Subscription to e-statements ☑ Mandatory

Email: mail.J khan@gmail.com

Welcome Gift* Please refer to Welcome brochure and tick your choice

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

Subscription to SMS alerts at a monthly fee of AED 3 ☐ Yes ☐ No

Permanent address in home country (for expatriates only)

House/Flat no.: 111 Building name: Road No 13 Jawahar Nagar

Tel: _____ Street: 13 St. City: _____ Country: _____

0091-9031129850 Jamshedpur

Reference

Name of friend/relative in UAE: Sohail.

Tel: (off/res): _____ Mobile: (055-9101414 Emirate: Abu Dhabi

Please tell us about your work

☐ Salaried ☐ Self-employed ☐ Other (please specify): _____

If you are salaried

Your present designation: SME

Date of joining current organisation: 18/03/2012 (DD/MM/YY)

Name of previous employer in the UAE: _____

Number of years worked with previous employer: _____

Monthly salary	Monthly deductions

If you are self-employed (professional/business)

Nature of business/practice: _____

Years of business in the UAE: _____

Estimates of income: _____ Annual gross income: _____

Annual net income: _____ Annual gross expenses: _____

Other source of income (if any)

Source	Amount (AED)

Other credit cards held

	Name of issuing bank	Credit card number	Credit limit
1.			
2.			
3.			

N/A

Please tell us about your financial commitments

	Bank	Account number	Monthly payment	Balance outstanding
Personal loan:				
Auto loan:				
Bank account:				

Nomination of beneficiary*

As a Dubai First cardmember you could be entitled to several complimentary insurance benefits.

Please give us details of your beneficiary you would like to nominate for this purpose.

Name: _____

Relationship: _____ Tel: _____

Applicable fee as per schedule of charges will apply

* Terms and conditions apply