

Dubai Islamic Bank



بنك دبي الإسلامي

Chq. No. 7036131

007101065471301

التاريخ : 17 JAN 2025

Pay against this cheque

to the order of Dubai Islamic Bank

ادفعوا بموجب هذا الشيك

لأمر بنك دبي الاسلامي

AED

NINE THOUSAND only.

درهم



CIP!- 0654713

درهم
AED

9000 +

A.

4261044000746317

(S.A.)
997108031-0657

56586

RETURN MEMO

CHEQUE RETURN MEMO

مذكرة اعادة الشيك

Dated	18-01-2025	18-01-2025	التاريخ :
Ref. no:			رقم الحركة
Branch Name	sam litigation-dubai	sam litigation-dubai	اسم الفرع :
Beneficiary Name	DIB INTERNAL ACCOUNTS	DIB INTERNAL ACCOUNTS	اسم المستفيد
Beneficiary Address			عنوان المستفيد
Beneficiary A/C no	997108031350657	997108031350657	حساب المستفيد
The cheque, details as indicated below was returned unpaid for the reason stated by the drawn on bank		تم ارجاع الشيك ، بالتفصيل كما هو موضح أدناه ، دون دفع للسبب المذكور في السحب على البنك	
Drawn on Bank			البنك المسحوب عليه الشيك
Drawn on ACC.			حساب المسحوب عليه الشيك
Date of Return	18-01-2025	18-01-2025	تاريخ ارجاع الشيك
Dr. Account No	007001065471301	007001065471301	رقم الحساب المسحوب عليه
Dr. Account Name			اسم الحساب المسحوب عليه
Cheque no.	036131	036131	رقم الشيك
Cheque Amount	9,000.00	9,000.00	مبلغ الشيك
Return Reason code.	A	A	رمز اعادة الشيك
Return Reason description	insufficient funds	عدم كفاية الرصيد	اسباب اعادة الشيك
Remarks	inf	inf	ملاحظات

هذا الاسعار يصدر اليها ولا يحتاج الى اي توقيع

This is computer generated letter and does not require any signature

To expedite processing of your application please:

- Use CAPITAL LETTERS
- Tick boxes as appropriate ()
- Countersign all changes or corrections you make
- Provide the following documents:
 - A. Copy of Passport (with Residence Visa page for expatriates)
 - B. Copy of UAE ID
 - C. Copy of Staff ID/ Labour Card
 - D. Last 3 months original personal bank statements (you could be asked for more if required)
 - E. If salaried, last salary certificate in original
 - F. If self-employed, copy of trade licence (and notarized Power of Attorney if your name is not on the trade licence), company bank statements for the past 3 months and an undated signed cheque
 - G. Security Cheque if applicable
- Please complete all sections of this form and write 'NA' where not applicable to you. **Incomplete application may be delayed or ca**
- Primary card applicant must be over 21 years of age. Supplementary Card applicant(s) must be at least 18 years of age
- Each Primary Cardholder is eligible for Supplementary Cards

I would like to apply for: ☐ Classic ☒ Gold ☐ Platinum
☐ Signature ☐ Infinite Card Limit **9,000.000**

Personal Information

Title: ☐ Mr. ☐ Mrs. ☒ Ms.

ADHA

MASDAL

SALI

First Name

Middle Name

Last Name

(Name as in passport)

Your name as it should appear on your card: (leave one space between names)

ADHA SALI

Nationality **PHILIPPINES** Date of Birth **02-1978-أبريل**
 Gender ☐ Male ☒ Female Education **OTHERS**
 Marital Status ☒ Married ☐ Single ☐ Others No of Dependents **0**
 UAE ID No **784197895465801** UAE ID Expiry Date **17-2015-يوليه**
 Passport No **XX4868900** Date of Expiry Date **29-2014-أكتوبر**
 UAE Residence Visa No **101/2013/2/0149266** Visa Expiry Date **17-2015-يوليه**

Grand Father Name (Maternal) (A security feature for your protection)

Residence Details In UAE

Villa No/Flat **202** Building/Villa Name **FAST AND MORE BUILDING**
 Home Ownership ☒ Rented ☐ Own ☐ Company Provided ☐ Parents
 Resident Area _____ Nearest Landmark _____
 Street Name/Location **MURUR STREET** No of Years at Current Address _____
 P.O.Box No _____ Emirate/City, Country: **Abu Dhabi**
 Residence No **0503672718** Mobile No **0503672718**
 Email _____
 Amount of Monthly Rent/Mortgage Paid _____





بنك دبي الإسلامي
Dubai Islamic Bank

PRIME CARD APPLICATION

Ref # : 2073330

Details of Reference in the UAE

Name MR Address(Home) BUR DUBAI
Office Tel.No 000000 Mobile No _____

Permanent Address in Home Country

House/Flat No _____ Building/Villa Name/No _____
Street _____ City _____
Country _____ Postal Code _____
Home Country Tel No _____

Occupation / Employment Details

Type of Employment ☐ Salaried ☐ Self Employed ☐ Both ☐ Other

Company Name _____ Nature of Business _____

No of years in current Org/Business 1 Years 2Months Job Title/Designation _____

Employee No(for police & Army staff) _____ Department _____

P.O.Box 39270 Emirate / City Country Abu Dhabi

Office Telephone No. 026349000 Fax No. _____

Name of Previous Organization in UAE _____ Length of service in the previous organization 0 Years 0Months

Building Name M 101 AL MANSOORI BUILDING

Street Name/Location HAMDAN STREET Nearest Landmark _____

Mailing Address (please make sure mailing address has P.O. Box)

Please tick where you would like to receive your statement ☒ Off Address ☐ Res. Address

How would you like to receive your Card ?

☒ By courier ☐ Will Personally collect from _____ Branch

Kindly note courier will only deliver the card personally to you upon ID verification

Salary / Income Details (AED)

Gross Salary 9,500.000 Commissions _____ Overtime _____

Other Income _____

Salary Date of each Month: _____

Total Income from all source (for self employed) 0.000

Is your Salary Transferred To Dubai Islamic Bank Account ☐ Yes ☒ No



[Handwritten signature]



بنك دبي الإسلامي
Dubai Islamic Bank

PRIME CARD APPLICATION

Ref #: 2073330

Banking Details

About your bank accounts

Bank Name	Account No	Since When
Dubai Islamic Bank		0
EMIRATES NBD BANK PJSC	1014331297901	1

Details of other Bank credit cards

Bank Name	Card No	Credit Limit (AED)	Member Since

Other Liabilities

Bank Name	Loan Type	Monthly Installment (AED)	Outstanding Balance
Dubai Islamic Bank			

Standing Instruction for Direct Debit

Please debit my Dubai Islamic Bank Account No. on the payment due date

Monthly Payment % for : * ☐ Minimum Amount Due 5 % ☒ Full Amount Due

Note: *If none of the above selected, your account will be debited for the minimum amount due

Billing Cycle

☒ 09

Supplementary Card Request

Title : ☐ Mr. ☐ Mrs. ☐ Ms.

First Name Middle Name Last Name

(Name as in passport)

Your name as it should appear on your card (in English): (leave one space between names)

Passport No Date of Expiry

Relationship with Primary Cardholder

☐ Husband ☐ Wife ☐ Parent ☐ Son/Daughter ☐ Brother ☐ Sister ☐ Other

Date of Birth (dd/mm/yy) Occupation

Grand Father's Name (Maternal) (A security feature for your protection)

Required Credit Limit

☐ Same Credit Limit of Primary Card ☐ AED or % of primary card limit.

Electronic Banking Services

Please Select required services (s) :

☒ Al Islami Online Banking ☒ Al Islami Mobile Banking ☒ Al Islami Phone Banking ☐ Al Islami E-Statement

Email address ADZ_BANKER@YAHOO.COM





بنك دبي الإسلامي
Dubai Islamic Bank

PRIME CARD APPLICATION

Ref #: 2073330

Details of Delivery

Purchase Price 9,000.000 Qunatity of commodity to be delivered 14,400.000 KG
Commodity SALAM-SUGAR
Preferred payment facility period (Months) 120
First Date of Delivery(dd/mm/yyyy) 09/10/2014

Card Activation- The card will be automatically activated upon delivery to the customer

Primary Card Declaration

I hereby apply for the issue of a covered credit card(s) as (specified above) from Dubai Islamic Bank, Dubai. I declare that I have read and understood this application and that the information provided in this application is true and correct and I shall advise Dubai Islamic Bank (hereinafter referred to as "the Bank") of any changes thereto. I/We authorize, confirm and agree that the Bank (which, for the avoidance of doubt means Dubai Islamic Bank P.J.S.C, its local or foreign branches, subsidiaries, affiliates, representative offices, it's or their agents and any third parties selected by any of them or us) have my/our permission to obtain and verify any information in connection with this application from anyone the Bank may consider appropriate (such as any local or international authority, credit-reference agency or any other person/entity which maintains such information) and/or give any such information to any local or international authority, service provider or other person or entity for the purposes of providing any product or service to me/us in connection with this application (including data processing). I accept that the Bank is entitled, at its absolute discretion, to accept or reject this application without assigning any reason whatsoever, and that the application and its supporting documents shall become part of the Bank's records and shall not be returned to me. I acknowledge and agree that the activation, signing on the back of the card(s) or use of the primary card and/or supplementary card(s), if any, issued on my account, shall be deemed to be an acceptance of terms and condition of the Banks card agreement and Al Islami electronic banking services (as amended from time to time) accompanying the card. I/we hereby undertake to use the Al Islami Debt/Credit/Charge Card only for Sharia compliant purposes (purchase of goods, products and services permissible under the principles of Islamic Sharia) and in accordance with any applicable laws (including principles of Islamic Sharia), regulations, usages and customs relating to public policy and morality. Upon approval of this application by the bank, I agree to pay the prevailing fees and charges for the card(s). If so requested, I authorize the Bank to issue supplementary card(s) for use on my account to the people(s) named and I undertake (s)are over 18 years of age to hereby undertake the use of such supplementary card(s) shall be made under my supervision and control. I hereby agree to indemnify the Bank against any loss or damage, liability or cost incurred by the Bank on account of any breach by me or by the supplementary cardholder(s) of the aforesaid condition or any other terms and conditions in the Banks card agreement or by reason of any legal disability or incapacity of the supplementary card holder(s). I also acknowledge that the supplementary card(s) fees shall be built in my statement and it shall be my responsibility to honor all charges incurred on the supplementary card(s). I agree that the

Agreement to Open Wakala Investment Account

The principal Card Holder hereby agrees to open a Wakala Investment Account with Dubai Islamic Bank in accordance with terms set for Wakala Investment Account.

The customer hereby irrevocably unconditionally provided a security interest over the Wakala Investment Account and any amount standing to the Credit of Wakala Investment from time to time as a security for its obligations under the covered credit card and the Salam facility. In the event of default or termination of the covered credit card the customer hereby authorizes the bank to liquidate the Wakala Investment and apply the proceeds, if any, to settle any amount due and payable under cover credit card facility.

Salam Facility

On the date of the application, I shall apply to the Bank for a financing facility under the Salam contract to receive/arrange from the Bank an amount equal to the Cover Credit Card Limit. I hereby undertake to complete all necessary requirements, documentations in respect of the financing facility before the issuance of the Covered Credit Card.

Primary Card Applicant Signature



Emirate of Signing: ABU DHABI

Date: 02/08/2014

If you are a Dubai Islamic Bank Account holder, your signature should be identical to the signature on Dubai Islamic Bank Account.

For Bank Use Only

Source Code: _____
Reference No.: _____

BRANCH CODE	39
CHANNEL	DS1
STAFF ID	14152
NAME	Syed Mohammad Farhan Rizvi
MOBILE NO.	056 1780796
DIRECT SALES	

United Arab Emirates

Resident Identity Card



دولة الإمارات العربية المتحدة

بطاقة هوية مقوم



ID Number / رقم الهوية
784-1978-9545580-1

الإسم: ادعا حسنذال سبلي

Phume Adha Maddai Sali

Nationality: Philippines

الجنسية: القنبيين



Sex: F الجنس: أنثى

103310/01

Date of Birth / التاريخ: 02/04/1978

Card Number / رقم البطاقة: 064399530 Expiry / الصلاحية: 12/08/2015

12/08/2015

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

Signature / التوقيع

بند دستور طبقاً به این ماده
برجاء و رجاءها فی جہت رجاء
اسقاط فی الترتیب من الترتیب

ILARE0643995303784197895465801
7804023F1509120PHL<<<<<<<<<<6
SALI<<ADHA<MASDAL<<<<<<<<<<<

صورة طبق الأصل
اسم الموظف : سيد محمد فرحان
الرقم الوظيفي : 14152

ORIGINAL SEEN

Name: AFZAL AZIZ
ID No: 13263
Mobile No.: 050 2847029
Direct Sales:

BISA - VISA

17

ORIGINAL SEEN
 Name: AFZAL AZIZ
 ID No: 13263
 Mobile No.: 050 2847029
 Direct Sales:

دولة الامارات العربية المتحدة
 UNITED ARAB EMIRATES



إقامة
 RESIDENCE

استوفيت الرسوم

الرقم الموجه
 U.I.D. No

11835144
 الملف
 File

XX4868900
 رقم الجواز
 Passport No

أدھا ماسدال سالی
 الاسم
 Name

مشترب مبيعات
 المهنة
 Profession

الخبراء العالمية لخدمات التوظيف
 الكفيل
 Sponsor



أبو ظبي
 ABU DHABI
 جهة الإصدار
 Place of Issue

عدد المرافق
 Accompanied by

ADHA MASDAL SALI

SALES SUPERVISOR

EXPERTS INTERNATIONAL RECRUITMENT SERVICES

2015/07/17

تاريخ الانتهاء
 Expiry Date

2013/07/18

تاريخ إصدار الإقامة
 Issue Date



031012013020149266

تعتبر الإقامة لاقية (3) شهرا من تاريخ إصدارها خارج دولة الامارات مدة ستة اشهر

Residence Permit becomes invalid if bearer resides out of the U.A.E. for more than six months.

التوقيع
 Sign.

Ref : EIRS279/HR035/14

Date : 18/08/2014

To : Dubai Islamic Bank –UAE

Experts International Recruitment Services certifies that the under mentioned employee has been working for the company up to date as stated below:

Name : ADHA MASDAL SALI
Nationality : Filipino
Passport No : XX4868900
Position : Sr. BDE & Manpower Incharge
Joining date : June 16, 2013
Total Salary : AED 9,500.00 (Nine Thousand Five Hundred Dirham)

This certificate is issued upon her own request without any obligation whatsoever from the part of Experts International Recruitment Services company.

Notes:

This certificate is valid for one month from its date.

Unstamped certificates are not authorized.

Any amendments or deletion in this certificate shall cancel it.

Suhaila Mohammed

HR & Admin Manager

