

Application Processed by Application Supervised by



| NOTE: Please fill-in this form | in "BLOCK" letters | s and sign at all r | equired places. | | | * Indicates mandatory fie | eld |
|--|--|--------------------------------------|-----------------|-----------------|--------------------|--|-----|
| Date* | Y Y Y | Branch* | Code | | Name | е | |
| Account and Subscription Details | | | | | | | |
| Account Name * | | | | | | | |
| Account Number * | | | | | | | |
| Statement Type * | Please select only one option: Printed Statement e-Statement Account Statement is not required | | | | | | |
| Statement Frequency * | Please select only one option: Yearly Half-Yearly Monthly Weekly Daily None | | | | | | |
| e-SWIFT Advice * | Please select only one option: Subscribe Unsubscribe e-SWIFT Advice is not required | | | | | | |
| SMS Alerts * | Please select only | one option: | Subscribe | Unsubscribe | SMS Alerts | are not required | |
| Contact Information for receiving the Statement, e-SWIFT, and SMS Alerts (International Mobile Numbers can be subscribed for SMS Alerts) | | | | | | | |
| Mobile Number * | 00 | | | | (For exam | ple, 00 971 50 1234567) | |
| | Country | / Code | Mobile Num | nber | | | |
| Email Address * | | | | | | | |
| Apartment / Villa/Office No. | | Building/Comr | nunity Name | | | | |
| Street Name / Number | | | Area | | | | |
| P.O. Box * | | Emirate * | | | Country | United Arab Emirates (UAE) |) |
| HBL has the right, at its sole discretion, to refuse this or any other application or stop the Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts service at any time with or without any prior notice to me/us. HBL shall not be liable for any loss incurred or damage suffered by me/us directly or indirectly by reason of or in consequence of the Printed Statement, E-SWIFT Advice, and/or SMS Alerts service. This Printed Statement, E-SWIFT Advice, and/or SMS Alerts service is provided entirely at my/our sole risk and in case of disclosure of the released advice to any party, HBL shall not be liable to me/us for any direct, indirect, special, incidental or consequential loss or damage which may arise in respect of this disclosure and/or delivery of this Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts service through the Contact Details stated above. I/we understand that the Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts service may be chargeable as per the Schedule of Charges of the bank and HBL reserves the right under its sole discretion to charge for the service in the future after prior notification to me/us. Disclaimer HBL will not be liable for delayed Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts and related messages/notifications, or for the non-delivery of Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts and related messages/notifications, or for the non-delivery of Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts and related messages/notifications, or for the non-delivery of Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts and related messages/notifications, or for the non-delivery of Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts and related messages/notifications, or for the non-delivery of Printed Statement, E-Statement, E-SWIFT Advice, and/or SMS Alerts and related messages/notifications, | | | | | | | |
| Joine Accountinated Admic | | Signature vermeation (station stati) | | | | | |
| Joint Accountholder Name | | Signature | | Signature Verif | ication (Branch St | taff) Company Stamp (For Business Accountholder | rs) |
| For Bank Use only | | | | | | | |
| | Name | | | Signature | | Date | |
| CSO/Relationship Manager | | | | | | | |
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