



ATM SERVICE REQUEST

Account Name: _____

Account Number Name _____
(as to be printed on the card):

ATM Card collection authorisation

(to be filled only in case the account holder is willing to delegate the authority to a third party to collect the card on his/her behalf)

Name of authorised person: _____

CPR Number: _____

CHEQUE BOOK REQUEST

Account Name: _____

Account Number Account Type _____

Number of cheque books _____

ADDRESS (as to appear on cheque book) _____

Cheque Book collection authorisation

(to be filled only in case the account holder is willing to delegate the authority to a third party to collect the cheque book on his/her behalf)

Name of authorised person: _____

CPR Number: _____

I/We fully understand the nature and implication of signing this application form and I confirm that I/We have had the opportunity to seek independent professional advice prior to signing and submitting this application.

I/We declare that all the particulars and informations provided in this applications form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/We have not withheld any information.

I/We hereby authorise KFH-Bahrain to contact other sources to obtain and/or verify information about me/us. I/We understand, accept and agree the agree that KFH-Bahrain reserve the right to decline this application without giving any reason.

Customer Name

Signature

Date

Bank Use Only

Relationship Manager Name: _____ Signature _____ Date _____

Approved by _____ Signature _____ Date _____

Inputed by _____ Signature _____ Date _____

RECEIPT ACKNOWLEDGEMENT

ATM Card & PIN No. Cheque Book (s)

ATM Card Number:

Name _____ Signature _____

Recieved Date _____