Habib Bank AG Zurich

(Incorporated in Switzerland 1967)

HBZfax - Subscription/Change in subscription

Fill in BLOCK letters and check ☑ where appropriate

HBZ Sirat

Date ____ ____ ____
day *month* *year*

The Manager,

_____ Branch,

United Arab Emirates.

CUSTOMER REFERENCE

Customer account number 0 2 -
22 digits

Account title _____

Dear Sir/Madam,

In reference to the account details specified above, execute my/our request to:

☐ Subscribe HBZfax *(Habib Bank AG Zurich's fax transmission service)* against fax no: + 9 7 1 _ _ _ _ _ _ _ _ _ _
country code / area code

☐ Change my/our existing HBZfax subscription as per the information provided below:

- ☐ **Add** another fax no: + 9 7 1 _ _ _ _ _ _ _ _ _ _
country code / area code
- ☐ **Edit** fax no: *replace* + 9 7 1 _ _ _ _ _ _ _ _ _ _ *with* + 9 7 1 _ _ _ _ _ _ _ _ _ _
country code / area code *country code / area code*
- ☐ **Delete** fax no: + 9 7 1 _ _ _ _ _ _ _ _ _ _
country code / area code

FUNCTIONALITY(S) TO SUBSCRIBE

☐ Documentary Credit *(DC).*
☐ Documentary Credit *(DC)* Amendment.
☐ SWIFT Remittance.
☐ SWIFT Documentary Credit *(DC).*
☐ SWIFT Documentary Credit *(DC)* Amendment.
☐ Foreign Inward Documentary / Import Bills For Collection *(FIDBC)* Intimation.
☐ Payment Against Document *(PAD)* Intimation.
☐ Discrepant Document Intimation.
☐ Export Document Cost Memo.
☐ Export Document Despatch Intimation.
☐ Export Documentary Credit And Amend Advice Schedule.
☐ Export Bill Due Date Intimation.

I/We confirm that the fax number specified above is correct and hereby authorize the Bank to fax the above selected document(s) to this number. The HBZfax service is provided entirely at the risk of the customer who shall indemnify the Bank for all loss or damage, howsoever caused, resulting from the use of the HBZfax service. I/We indemnify the Bank completely in all regards to account information being transmitted over the HBZfax service including, but not limited to my/our account details, being disclosed to others due to me/us specifying an incorrect fax number. I/We further indemnify that the Bank will not be held responsible for any network failure/error by my/our telecommunications service provider. I/We further understand that the service can be discontinued by the Bank at its discretion at any time, without any prior notification to me/us.

Yours faithfully.

_____ _____ _____
authorized signatory(s)

FOR OFFICE USE

SV

signature

Verified by _____

NOTE:
- In the case of multiple signatories, authorized signatories must sign as per the account mandate.
- The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the customer.
- The customer undertakes to inform the Bank in the event there are any changes in the contact details.