



Habib Bank AG Zurich

Date     
day month year

The Manager,  
\_\_\_\_\_ Branch,  
United Arab Emirates.

**CUSTOMER REFERENCE**

Customer account number   -   -         -   -           
22 digits

Account title \_\_\_\_\_

Dear Sir/Madam,

I/We hereby request you to kindly process the following cheque(s) and credit the net proceeds of the same to my/our Account number specified above.

CHEQUE DATE	CHEQUE NUMBER	CURRENCY	AMOUNT	DRAWN ON BANK <small>(Bank's name)</small>	DRAWN IN COUNTRY
<input type="text"/> <input type="text"/> <input type="text"/> <small>day month year</small>	_____	_____	_____	_____	_____
<input type="text"/> <input type="text"/> <input type="text"/> <small>day month year</small>	_____	_____	_____	_____	_____
<input type="text"/> <input type="text"/> <input type="text"/> <small>day month year</small>	_____	_____	_____	_____	_____
<input type="text"/> <input type="text"/> <input type="text"/> <small>day month year</small>	_____	_____	_____	_____	_____
<input type="text"/> <input type="text"/> <input type="text"/> <small>day month year</small>	_____	_____	_____	_____	_____

I/We understand that these cheques are drawn on banks located outside UAE and will be processed under the local rules of the jurisdiction where the drawee bank is located. I/We also understand that in some jurisdiction banks reserve the right to return cheques after as much as seven weeks/three years from the date of credit if it is found to be fraudulently altered, a counterfeit instrument, bears an unauthorized signature, or improper/missing endorsement or any other reason or form of fraud is committed.

I/We hereby indemnify Habib Bank AG Zurich, UAE and will hold you harmless against any claim(s) made by me/us arising from the processing of the above mentioned if the cheque(s) is returned unpaid due to the reasons mentioned above. I/We also authorize you to debit my/our account with the equivalent amount of the cheque(s) that is returned unpaid.

Yours faithfully.

\_\_\_\_\_  
authorized signatory(s)

Place \_\_\_\_\_  
city & country

Date     
day month year

**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 agrees to abide by all the above Terms & Conditions, which are subject to change without any prior notice.