Habib Bank AG Zurich
(Incorporated In Switzerland 1967)

Indemnity & deposit: Foreign cheques

Fill in BLOCK *letters*

Date ____ ____ ____
day month year

The Manager,

_____ Branch,

United Arab Emirates.

CUSTOMER REFERENCE

Customer account number 0 2 _____
20 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 (EUR / USD)	AMOUNT	DRAWN ON BANK (Bank's name)	DRAWN IN COUNTRY
day month year					
day month year					
day month year					
day month year					
day month year					

I/We understand that these cheques are drawn on banks located in Europe/United States of America 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.