



Habib Bank AG Zurich
(Incorporated In Switzerland 1967)

GB15OCT10/UAE

Post dated cheque(s) return application
Fill in BLOCK letters

Date
day month year

The Manager,
_____ Branch,
United Arab Emirates.

| | |
|---------------------------|---|
| CUSTOMER REFERENCE | |
| Customer account number | <input type="text" value="02"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Account title _____ | |

Dear Sir/Madam,

I/We hereby kindly request you to return the Post Dated Cheques(s) deposited in my/our account, details of which are specified above. The details of the PDC cheque(s) to be returned are mentioned below:

| S. NO. | CHEQUE NUMBER | CHEQUE DATE | CHEQUE AMOUNT | BANK NAME |
|--------|---------------|-------------|---------------|-----------|
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| | | | | |

I/We further request you to kindly deliver the above mentioned cheque(s) to the person whose name and specimen signature is specified below to collect the cheque(s) on my/our behalf without any risk and responsibility on the Bank's part.

Name _____

ID number

specimen signature

Yours faithfully,

authorized signatory(s)

| | |
|--------------------------------|--|
| FOR OFFICE USE | |
| | |
| <small>signature</small> _____ | |
| Verified by _____ | |

I hereby confirm that I have received the above mentioned cheque(s).

Number of cheques received

Received on
day month year

Received by _____
receiver's signature