dubai first
STAY AHEAD

Credit Card Service Request Form

Please state as fully and accurately as possible the information asked for hereunder:

Primary Customer's Name: _____ Application No. _____

Service requested for (please fill accordingly)

Mastercard							X	X	X	X	X	X				
Visa Card							X	X	X	X	X	X				
Supplementary (1)							X	X	X	X	X	X				
Supplementary (2)							X	X	X	X	X	X				
Supplementary (3)							X	X	X	X	X	X				
Supplementary (4)							X	X	X	X	X	X				

Type of request (please specify the type of request)

☐ Reinstate for: ☐ Application ☐ Credit Card

☐ Renewal ☐ If card expired ☐ Early Renewal (before expiry by 60 days)

☐ Credit limit increase ☐ Primary ☐ Supplementary ☐ 10% ☐ 25% ☐ 50% ☐ 75% ☐ 100%

☐ Credit limit decrease ☐ Primary ☐ Supplementary ☐ 10% ☐ 25% ☐ 50% ☐ 75%

☐ Upgrade from _____ to _____

☐ Downgrade from _____ to _____

Please Note:

- In case of Upgrade/Downgrade the Annual Membership Fee will be adjusted accordingly (Gold: AED 400 & Cashback: AED 400)
- You may be requested to submit original documents for processing your service request (attach this form to the documents)
- Documents presented to First Abu Dhabi Bank (FAB) will remain the property of FAB
- The request is subject to Dubai First Credit Card Terms and Conditions
- I hereby authorize FAB to request a Credit Information Report from Al Etihad Credit Bureau or any authorized credit reference agency at any time and disclose any information to; (a) any member of FAB (b) any professional advisor of FAB who is under a duty of confidentiality to FAB (c) any authorized credit reference agency or credit bureau (d) any actual or potential transferee or assignee of our rights under Dubai First Credit Card Terms and Conditions or (e) as required by law, government or regulatory authority or by Court order.

Customer's Signature _____ Date: ____/____/____ (DD MM YY)

Email this application to contactus@dubaifirst.com

Terms and conditions apply.

For official Use Only

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Date: ____/____/____ (DD MM YY)

Documents received/required from customer: _____

Name and Signature of Customer Services Officer: _____

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FORM/CCSER/E/28062020

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11. CUSTOMER CONSENT FORM FOR RELEASE OF STATEMENT OF ACCOUNT

Consent (permission upon signing this consent form)

By signing this form, you consent (give permission) to First Abu Dhabi Bank PJSC to request your statement of account from your bank (as can be identified by the account number and IBAN) through the Central Bank of the United Arab Emirates, and also to your bank to provide this information through the Central Bank of the United Arab Emirates without obtaining additional consent.

☐ Passport no. _____ ☐ Emirates ID no. _____

Name as per document _____

Account no. | | | | | | | | | | | | | | | | | | | | | | |

Statement period _____

By signing the below, I consent to the (one-time) release of my account statement exclusively for the purpose stipulated in the consent form:

Signature	Signature

WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED

Your consent (permission) is required for us to obtain and share your account information, including the transaction details for the identified period, for the purposes listed and explained below. The information provided will be shared and retained in accordance with applicable laws concerning data security and privacy protection. The information you authorise us to obtain and share will be used to determine your eligibility for the product. You understand that some services may not be available to you unless you consent to share/release information as stated in this authorisation.