

SERVICE REQUEST(S) APPLICATION FOR INDIVIDUAL CUSTOMER – CREDIT CARD AND LOAN

Branch Name: Date: DD MM YYYY

DETAILS OF LOAN/CREDIT CARD IN RELATION TO WHICH SERVICE IS REQUIRED

Customer Name: CIF No. Mobile: 0 5

I hereby request Finance House LLC ("FH") for the following service(s) with regards to my below detailed Credit Card / Loan (please tick applicable box):

Primary Credit Card No.: - - - Loan Reference No.:

DETAILS OF SERVICE REQUIRED (PLEASE TICK APPLICABLE BOX)

SERVICE REQUEST RELATED TO CREDIT CARD

<input type="checkbox"/>	Primary Credit Card Limit Change	<input type="checkbox"/> Increase the limit to AED <input type="text"/> Decrease the limit to AED <input type="text"/> <i>(Note: Increase in credit card limit is subject to AECB eligibility, submission of required documents and FH's applicable Terms and Conditions)</i>
<input type="checkbox"/>	Supplementary Credit Card Limit Change	Supplementary Credit Card No.: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> Required Credit Limit: AED <input type="text"/> or <input type="text"/> % of Primary Credit Card Limit
<input type="checkbox"/>	Cancellation of Credit Card	<input type="checkbox"/> Leaving Country <input type="checkbox"/> To Reduce Debts <input type="checkbox"/> Other - Please specify: <input type="text"/> <i>Note: Do not surrender your Credit Card with this application; FH representative will contact you shortly.</i>
<input type="checkbox"/>	Credit Card Statement Reprint	For the month of DD MM YYYY
<input type="checkbox"/>	Credit Shield	<input type="checkbox"/> Activation <input type="checkbox"/> Deactivation
<input type="checkbox"/>	Credit Card Replacement	Credit Card No. to be replaced: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
<input type="checkbox"/>	Credit Card Renewal	Credit Card No. to be renewed: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

SERVICE REQUEST RELATED TO LOAN

<input type="checkbox"/>	Full Settlement of Loan	<input type="checkbox"/> Loan Deferment - for MM YYYY
<input type="checkbox"/>	Partial Settlement of Loan	Amount to be settled AED. <input type="text"/> Moreover, please reduce <input type="checkbox"/> Instalment amount <input type="checkbox"/> Number of remaining Instalments

OTHER SERVICE REQUESTS

<input type="checkbox"/>	Release of Security Cheque given to FH	
<input type="checkbox"/>	Clearance Letter / No Liability Letter Issuance	To be addressed to <input type="text"/> Reason <input type="text"/>
<input type="checkbox"/>	Liability Letter Issuance	To be addressed to <input type="text"/> Reason <input type="text"/>

I agree and understand that FH;

- at its sole discretion will decide to accept and act on any of the above requests;
- may charge for these services and I agree to pay such applicable fees and charges, if any;
- may approach the Al Etihad Credit Bureau to verify my credit history;
- may approach Central Bank of the UAE to check my account statement details.

Customer Signature:

Date: DD MM YYYY

FOR FH USE ONLY

Name, Signature and Staff ID of official who varified the signature

Officer:

Date: DD MM YYYY

Authorizer:

Date: DD MM YYYY