

**PERMANENT AUTHORITY LETTER TO COLLECT DELIVERABLES -  
INDIVIDUAL/BUSINESS**

Date:  
The Manager,  
The National Bank of Ras Al Khaimah (P.S.C)  
\_\_\_\_\_ (Branch)

Account Number(s): \_\_\_\_\_

Account Name: \_\_\_\_\_

New Request                       Modify Request

I/We hereby authorise the following Representative/person(s) to collect the following tick marked items issued by the Bank in my/our name:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Balance Confirmation Letter | <input type="checkbox"/> Liability Certificate        | <input type="checkbox"/> Swift copy              |
| <input type="checkbox"/> Cancelled Security Cheque   | <input type="checkbox"/> Managers cheques (All types) | <input type="checkbox"/> Trade Finance Documents |
| <input type="checkbox"/> Cheque Book                 | <input type="checkbox"/> No Liability Certificate     | <input type="checkbox"/> Welcome Letter          |
| <input type="checkbox"/> Cheque Returns (All types)  | <input type="checkbox"/> Payment Advice               | <input type="checkbox"/> Withdrawn PDCs          |
| <input type="checkbox"/> Hold Mail                   | <input type="checkbox"/> Reference Letter             |  |
| <input type="checkbox"/> IBAN letter                 | <input type="checkbox"/> Statements (All)             |  |

**Note:** Please tick { √ } for "Authorised to collect" & { X } for "Not Authorised to collect" against the respective items

No.	Name of Authorized Representative	ID Type & Number	ID Expiry Date	Designation of Employee
1	[ ]	[ ]	[ ]	[ ]
2	[ ]	[ ]	[ ]	[ ]
3	[ ]	[ ]	[ ]	[ ]

Authority to collect mail is Temporary:     Yes             No

If Yes (Expiry Date): \_\_\_\_\_ DD/MM/YYYY

I/ We confirm that if one/any of the Representative/Person/s listed above, for any reason, ceases to be authorised to collect any of the above-mentioned items (tick marked) by me/us on my/our behalf, I/we undertake to notify the Bank in writing. In the absence of Bank's acknowledgement of receipt of any such notice, the Bank will continue to treat the names listed above as current and properly authorised by me/us. I/We confirm that the Bank has highlighted to me/us and I/we are fully aware of various risks in providing such authorisation letter to the third party.

In consideration of the Bank agreeing to accept this instructions, I/we hereby irrevocably and unconditionally undertake to indemnify the Bank against any/ all claims, losses, damages, actions, costs, charges, penalties, expenses, interest/ profit and legal costs incurred, suffered or sustained by the Bank of whatsoever nature, which may be brought by any third party in consequence to the Bank acting pursuant to this authority/instructions. I/we also waive all my/our rights for any contestations/claims that the undersigned might otherwise have against the Bank on account of the Bank acting upon or in accordance with this authority/instructions.

\_\_\_\_\_  
Signature(s) of all authorised signatory(ies)

Name:

Date: