



بنك عُمان العربي
OMAN ARAB BANK

"IDIKHAR" SAVING PLAN (ADJUSTMENT) APPLICATION FORM

Date:						
Branch Code & Name:						
Contribution Account Details						
Beneficiary Name:						
Beneficiary Account Number:						
Contributor Name:						
Contributor Account Number:						
Relationship:	Self	Father	Mother	Son	Daughter	Spouse
Old Contribution Amount:						
New Contribution Amount:						
Source of the monthly contribution amount	Salary Transfer	Cash Deposit	Same bank Transfer	Local Bank Transfer		
Thus, I/we authorize you to deduct the monthly contribution amount from our account with you and transfer it to the beneficiary's account monthly. I/we also acknowledge that I/we have read the bank's terms and conditions mentioned and confirm our agreement with what is stated therein.						
Signature						
For Branch Usage (For HR Usage incase of Staff relationship)						
Required Documents:	National ID for Omanis Resident Card and Passport for expatriates.	Account Opening Request (for new customers) Account Update and Sub-account Opening Request (for existing customers).			Salary Transfer Certificate.	
The percentage based on the new contribution amount:	3.50%	4.00%	4.50%			
UCC Staff:						
Branch Manager:						
For Central Operation Usage						
Date of Data Entry:						
Date of First Contribution:						
Entered By:						
Reviewed and Verified By:						