



بنك عُمان العربي
OMAN ARAB BANK

PRE-WITHDRAWAL REQUEST FORM FOR AN AMOUNT FROM THE "IDIKHAR" ACCOUNT

Date of Application:	
Branch Name and Code:	
Withdrawal Details	
To: Manager of Oman Arab Bank	
I hereby inform you of my desire to withdraw an amount of:	
Total Partial Type of Withdrawal	<input type="checkbox"/> Partial <input type="checkbox"/> Full
from my account number:	
After seven working days from the date of this application, on:	
From the Oman Arab Bank branch located at:	
I also agree to activate Clause No. 7 of the terms and conditions related to the activation of the Idikhar, which I have signed, indicating that I will not be granted interest on the remaining balance for the month in which the withdrawal is made.	
Signature	
Date of Application	
For Branch Usage (For HR Usage incase of Staff relationship)	
Required Documents:	National ID for Omanis Resident Card and Passport for expatriates.
UCC Staff:	
Branch Manager's Approval:	
For Central Operaction Usage	
Date of Data Entry:	
Confirmation of Stopping the Interest Rate for the Month of Withdrawal	
Entered By:	
Reviewed and Verified By:	