

Account Services Request Form

*For Non Omani Nationals

Date:		Branch:				
Note: Please complete in BLOCK letters and sign in the	appropriate space.					
CUSTOMER(S) DETAILS						
	Name	Mobile	Email			
First Applicant						
Second Applicant (if joint account)						
Third Applicant (if joint account)						
Fourth Applicant (if joint account)						
ACCOUNT DETAILS		·				
Account No.:		Accoun	t Name:			
CHEQUE BOOK REQUEST DETA	AILS					
Cheque Book: 5 leaves 50 leaves						
Delivery:	Collection from Br	anch:				
CERTIFICATE(S) AND LETTER(S) REQUEST DETAILS					
Liability Letter	Purpose:	No Liability Lette	er Purpose:			
Account/Balance Certificate	Purpose:	Audit Confirmati	on Report Purpose:			
Account Closure Certificate	Purpose:	Reference Letter	To:			
Release Letter	Purpose:					
Statement of Account	From:	To: _				
Other Request	Details and Purpose:					
Delivery:	Collection from Branch:					
CHANGE REQUEST IN APPLICANT DETAILS						
Source of Income: Salary	Own Business Others	P.O Box:	Postal Code:			
Sector (if salary): Government	Private	House No./Flat No.:	Building No.:			
Name of the Employer:		Way No.:	Area:			
Nature of Business:		Wilayat: Res. Tel. No.:				
Designation:		Mobile (1):	Mobile (2):			
Employee No.: Date of Joining:		Email:				
Passport No.*:Passport Expiry Date*:		Permanent Address (Home Country):				
Visa No.*:Visa E	xpiry Date*:					
Telephone: F	ax:	Telephone:				
Income p.m. : Source of	Other Income:		•			

www.banknizwa.om Call Centre: 800 700 60

STATEMENT TYPE AND FREQUENCY					
Standard Frequencies:	✓ Printed (Biannually)	✓ Email (Monthly)			
Change in Printed Frequency*, please specify *Charges applicable	Daily Weekly Monthly	Daily Weekly			
Email Address(es) for Electronic Statement Delive	ery:				
(1):					
Note: The electronic statements will be delivered to the a	forementioned email addresses.				
INFORMATION SERVICES REQUEST DETAI	LS				
I/We hereby authorise the Bank to send me/u	s information relating to its products, se	ervices and special offers by:			
Email and SMS/MMS Email	SMS/MMS				
CONSENT AND DECLARATION					
	m is true and complete. I/We hereby authoris	se the Bank to deduct applicable charges for the requested			
service(s) from above or below mentioned account. Account No.:		count Name:			
Account No.:					
	Customer Name(s)	Signature			
First Applicant					
Second Applicant (if joint account)					
Second Applicant th joint accounts					
Third Applicant (if joint account)					
Fourth Applicant (if joint account)					
DD MM YYYY					
Date:					
FOR BANK USE ONLY					
Signature Verified by:	ocessed by:	Approved by:			
Staff Name & ID: Na	ame:	Name:			
Signature: Si	gnature:	Signature:			

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Date:

Date: