Mandate By Individual To Enable Third Party To Operate Account



Note: Please complete in BLOCK letters and sign in the appropriate space.

The Branch Manager Bank Nizwa	DD MM YYYY
Branch:	Date:
Dear Sir/Madam,	
RE: ACCOUNT NO.	
Account Name:	
	to the contrary, or in the event of my death, or until you shall receive written notice e personally exercising any of the powers in question, you will treat.
Mr./Ms	
as fully authorised for me and my accounts to execute the	e following:
1. To operate on any account of mine with you and to dra	aw, sign, accept and endorse cheques, bills and promissory notes.
2. To give, vary and revoke instructions to you regarding money payable by or to me (whether periodically or ot	ng remittances, including telegraphic transfers, and as to the manner in which any therwise) are to be paid or dealt with.
	and revoke instructions to you as the custody or disposal of property of all kinds, going) certificates relating to stocks, shares and other securities, documents of title
4 Taking delivery of documents, invoices and/or bills of	lading covering goods consigned to
•	rity to you, and I confirm that you are to be under no obligation to ascertain or enquire sed, and I hereby indemnify the Bank and hold it harmless against any losses, claims,
Mr./Ms	
Third Party Signature:	_ID No.:
Customer Signature:	
Dated this day of	20

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