

E-Services (Statement, e-SWIFT, SMS Alerts)

Personal Banking and Business Banking Accountholders

Under Banking License issued by the Central Bank of the UAE

Date*					
D D M	M Y Y Y	Branch*		Ni	
Account and Subscriptio		Y Code		Name	
Account Name *					
Account Number *					
Statement Type *	Please select only	one option: Printed St	catement e-State	ment Accour	nt Statement is not required
Statement Frequency *	Please select only	one option: Yearly	Half-Yearly Mo	nthly Weekly	Daily None
e-SWIFT Advice *	Please select only	one option: Subscribe	Unsubscribe	e-SWIFT Advi	ce is not required
SMS Alerts *	Please select only	one option: Subscribe	Unsubscribe	SMS Alerts ar	e not required
Contact Information for	receiving the Stateme	ent, e-SWIFT, and SMS Alo	erts (International Mobile N	lumbers can be subscrii	ped for SMS Alerts)
Mobile Number *	00		V		, 00 971 50 1234567)
Mobile Number	Country	Code Mobi	le Number	(For example	,00 9/1 30 123430/)
Email Address *					
Apartment/Villa/Office N	10.	Building/Community Na	me		
Street Name/Number		A	rea		
P.O. Box *		Emirate *		Country Ur	nited Arab Emirates (UAE)
respect of this disclosure stated above. 4. I/we understand that the the bank and HBL reserved. Disclaimer HBL will not be liable for delated of Printed Statement, E-State relevant service by the applice. Declaration	e and/or delivery of this Pr e Printed Statement, E-Sta ves the right under its sole ayed Printed Statement, E- ement, E-SWIFT Advice, an cant's telecommunications b have read and I/we agree	rinted Statement, E-Statemen stement, E-SWIFT Advice, and/ discretion to charge for the se -Statement, E-SWIFT Advice, a nd/or SMS Alerts in complete provider, internet service prov	nt, E-SWIFT Advice, and/o for SMS Alerts service ma rvice in the future after p and/or SMS Alerts and rel or partial due to the sup	or SMS Alerts services by be chargeable as rior notification to a steed messages/not pression, disruption any other party.	or damage which may arise in e through the Contact Details per the Schedule of Charges of me/us. fications, or for the non-deliver, blocking and/or filtering of the
	n Details mentioned above		ions. I/We hereby reques	t to enroll my/our a	account(s) for the services as pe
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CSO/Relationship Manager

Application Processed by

Application Supervised by