

Please complete this form in BLOCK CAPITALS and in black ink.

Date (DD/MM/YYYY)

(Place a clear "X" inside the box. If you make a mistake, block out the entire box, and mark the correct box.)

Auto debit instruction Billing cycle change

Customer Identification (CIF) number

Credit Card number 1

Credit Card number 2

Credit Card number 3

Credit Card number 4

Credit Card number 5

First name

Middle name

Surname

Telephone number

Office

Residence

Mobile

1. Auto Debit Instruction Request Form

1.1 Please mark an Auto Debit Instruction on my:

Account number Currency (only AED/USD) towards the payment for my credit card number stated above.

(Place a clear "X" inside the box. If you make a mistake, block out the entire box, and mark the correct box.)

Full (100% of statement balance)

Minimum (5% of statement balance)

Choose a percentage of statement balance (between 5% and 99%) Specific amount

I understand that the above instructions shall be effective on my next statement.

I have read and understand the terms and conditions listed on the reverse of this form.

Primary cardholder signature

2. Billing Cycle Change Request Form

(Place a clear "X" inside the box. If you make a mistake, block out the entire box, and mark the correct box.)

I hereby request you to change the billing cycle date for my card number as mentioned in this form.

Statement date 24th of every month with due date 14th of every month

Statement date 7th of every month with due date 28th of every month

I understand that the above instructions shall be effective on my next statement.

I agree to the terms and conditions mentioned below.

Primary cardholder signature

Note: The payment on your account/credit card should not be overdue for this request to be processed.

Terms and Conditions

The standard Terms and Conditions of The Royal Bank of Scotland N.V. (the "Bank") that apply to the customer's account and/or credit card from time to time shall apply to this transaction.

FOR BANK USE ONLY - Auto Debit Instructions

Incident number

Date of completion (DD/MM/YYYY)

Date created (DD/MM/YYYY)

Customer Service Officer signature

Customer signature verified stamp

All applicants of account have to sign the form.

FOR BANK USE ONLY - Billing Cycle Change

Incident number

Date of completion (DD/MM/YYYY)

Date created (DD/MM/YYYY)

Customer Service Officer signature

All applicants of account have to sign the form.