

Themaar Savings Plan Form

Applicant details:			
Account Number:			
Name:			
Nationality:			
ID/Passport Number:			
Mobile Number*:			
Email ID:			
Beneficiary:	☐ Other*		
* Beneficiary details (i	f any):		
Name:			
Account Number:			
Relation to the applicant: -			
ID/Passport Number:			
Mobile Number:			
Email ID:			
Instructions:			
Start Date (DD MM YYYY):			
The Tenor/Period (Months):			
End Date (DD MM YYYY):			
Funding Account Number:			
Monthly Saving Amount OM	R:		
In case of depositing addition	onal saving amount at the time of ope	ning the account: No Y	es, Amount
Declaration:			
I/We confirm that the information given is true and complete. I have read and received the terms and conditions relating to Themaar Savings Plan and agreed to be bound by the terms and conditions which may be changed by the bank without prior notice. I hereby authorize Bank Muscat to debit the above mentioned Funding account on the above mentioned frequency date for the specified period/tenor towards Themaar Savings Plan.			
Applicant signature:		Date (DD MM YYYY):	
Bank's use:			
Reviewed by:			
Staff Number:			
Approved by:		Date (DD MM YYYY):	
Signature Verification:		Date (DD MM YYYY):	