

To: First Abu Dhabi Bank PJSC

Date : _____

Account Number:

MOL Employer ID: _____

Company Name: _____

I/We, the undersigned request you to cancel my/our Ratibi Agreement due to the following reasons:

- Product features _____
- Customer Service _____
- Inconvenient Process _____
- Pricing _____
- Closing of business _____
- Others _____

If moving to competitor, please provide name of Bank or Exchange Company

Closing all relationship with FAB? Yes No

We hereby authorize **FAB** to process the cancellation request as per our instruction given. The signature below constitutes acceptance to any terms and conditions policies related to the cancellation of **FAB** Ratibi card.

Authorized Person _____

Email ID _____

Contact Number _____

Customer's Signature(s): _____

Company Stamp: _____

Note: Kindly ensure no funds are left in the card before card cancellation. Once cancelled, cardholder can no longer have access to the card for withdrawal or POS.

Please email the completed form to: RatibiCard@bankfab.com
In order to improve our services you will be contacted for your valued feedback.

For Bank Use Only

Acknowledged by

Name of Staff _____ Date _____

Staff Signature :

Ratibi Unit Manager Signature :