

Authorization to receive Physical Statement

Date: ____ / ____ / ____

To: Doha Bank

Dear Sir,

I/We, is/are holding Current / Saving / Credit Card / Joint account(s) with your Bank. Request you to issue:-

Physical statements for the following account(s) to the postal address mentioned below at the statement frequency defined by the Bank.

Account Number

E.g.: 202-123456-1-10-0

Credit Card Number

E.g.: 4644-12XX-XXXX-1234

	XX	XXXX	
	XX	XXXX	
	XX	XXXX	

Communication Address

Email ID:	
Address /	
P.O. Box:	

Terms and Conditions:

- By providing the above details, I/We authorizes the Bank to send the statements to the communication address mentioned above.
- I/We confirm that the above-mentioned mailing address is correct & authentic and authorizes the Bank to update in Bank records, if need may be.
- I/We acknowledge that where the original communication was unsuccessful due to whatsoever reason, the Bank is not liable to resend the statement until the next due date as per the defined frequency without any responsibility towards Doha bank.
- I/We agree and acknowledge that the periodical physical statement(s) will be free of charge and If I/We request physical statement(s) other than periodical statements, Doha Bank has the right to charge an additional fee for each statement.
- I/We acknowledge that The statement(s) of the account (s) issued by the bank by any of the above method clarifies the due balance of the account(s) at any time and being not rejected by me within fifteen days from date of sending it will be considered accepted .

Customer's Signature:

ID NO

For Branch Use Only

Verified By (Staff ID):		Staff Signature:		Date:	
Approved By (Staff ID):		Staff Signature:		Br. Stamp:	