

CUSTOMER CONTACT UPDATE

Date:

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Customer Name															
Card Holder Name															
Credit Card Number															

Card Type

Primary

Supplementary

Please select the appropriate box

To;
The Manager
Aseel Islamic Finance
Branch: _____
U.A.E

Dear Sir/Madam,
I/We hereby request you to update my/our address/contact details in your record as below:

New Contact Details			
P.O. Box		Office/Shop No	
Building Name		Street Name	
Office Tel. No		Office Fax No.	
Location/Area		Nearest Land Mark	
Emirates		Business Email ID	
Key person Mobile		Personal Email ID	
Any other details: <i>(if any please describe)</i>			

Primary Cardholder Signature

For Official Use Only:

Signature verified by: _____

Date:/..... /

Record updated by: _____

Approved by: _____