|  |  |  |
| --- | --- | --- |
| Date |  | التاريخ |
| Policy Number |  | رقم وثيقة التأمين |
| Policy Holder Name |  | إسم حامل وثيقة التأمين |
| Customer Number |  | رقم العميل |
| Bank and Branch Name |  | اسم البنك و الفرع |
| Beneficiary Name |  | اسم المستفيد |
| Account Number |  | رقم الحساب |
| IBAN Number |  | الرمز الدولي |
| Credit Memo Number |  | رقم الفاتورة |
| Outstanding Amount |  | المبلغ المتبقي |
| Amount for Refund |  | المبلغ المراد استرجاعه |
| Reason / Notes |  | السبب / ملاحظات |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | الاسم | ختم الشركة  Company Stamp |
| Signature |  | التوقيع |  |
| Contact Number |  | رقم الهاتف |
| Email Address |  | البريد الالكتروني |

**For Daman Use Only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To be filled by the Branch** | | | | **To be filled by Finance** | |
| Branch Name |  | Approved Amount |  | Reviewed by |  |
| Verified By |  | Approved By |  | Approved By |  |
| Designation |  | Designation |  | Designation |  |
| Date |  | Date |  | Date |  |
| Signature |  | Signature |  | Signature |  |

Notes:

|  |  |
| --- | --- |
| Beneficiary name should match with the Policy Holder Name. | |
| For International transfers, provide beneficiary and bank full address. | |
| ID proof for Individuals to be attached. |
| Credit Memo copies to be attached. |