|  |  |  |
| --- | --- | --- |
| 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 الشركةCompany 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. |