

**AL ANSARI EXCHANGE  
UNITED ARAB EMIRATES**

AAE/AML/FRM/005

**INWARD REMITTANCE - DECLARATION FORM**

**(75K-IN)**

**Branch Name:** \_\_\_\_\_

SERVICE REQUIRED	DT <input type="checkbox"/> CASH EXPRESS <input type="checkbox"/> Others (Specify) .....
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FULL NAME OF RECEIPT / CUSTOMER :		Membership Number
P O BOX & FULL PHYSICAL ADDRESS - UAE:	NATIONALITY:	
	DATE OF BIRTH:	
	COUNTRY OF BIRTH:	
	MOBILE:	
	TELEPHONE:	

**Applicable for Non- Resident Customer:**

Full Physical Address (Home Country): \_\_\_\_\_

Contact Details (Home Country) \_\_\_\_\_ Email ID \_\_\_\_\_

Type of ID <input type="checkbox"/> Emirates ID <input type="checkbox"/> Passport <input type="checkbox"/> GCC ID <input type="checkbox"/> Seaman Pass/ID  Supporting Additional Documents (Specify) : a) _____	ID Number :	Trade / Professional License Number (If Company):
	Place of Issue :	Place of Issue :
	Date of Issue :	Date of Issue :
	Date of Expiry :	Date of Expiry :
	Profession & Employer Name:	Business Activities

**Purpose of Remittance (To be furnished in detail) :**

\_\_\_\_\_

Sender Name : \_\_\_\_\_

Full Address : \_\_\_\_\_

Relationship \_\_\_\_\_ Contact Details: \_\_\_\_\_

Remittance / Transaction Amount	Currency	Signature of Recipient
Method of Payment: CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/>		I hereby certify that the details furnished are true and correct

**Applicable, for on behalf Inward remittance:**

Name of the Beneficial Owner \_\_\_\_\_

Employer / Company Name \_\_\_\_\_

Profession / Designation \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address & Contact Details \_\_\_\_\_

Available Documents ID / TL of Beneficial Owner  Letter of Authorization

<b>For Office use only:</b>	Transaction Number
Name of Employee in charge:	
Signature of Employee in charge:	
Date:	