

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick (✓) where appropriate.

### 1. Customer Details

Name:

National ID:  OR Passport Number:

### 2. Authorisation to Share Information


For the legitimate purpose of financial, credit and risk assessment of your files (the "Purpose") by any entity of the MCB Group Ltd (each a "Relevant Entity"), MCB Ltd requires your authorisation to share your data with the said Relevant Entity.

I hereby unconditionally and unequivocally authorise MCB Ltd to share my data falling under the purview of the confidentiality provisions of the Banking legislations to any Relevant Entity, whenever this may be required for the Purpose, subject to the Relevant Entity complying with the Terms and Conditions (as defined below). If this authorisation is subsequently withdrawn, I acknowledge that any personal data processed by the Relevant Entity prior to the consent being withdrawn shall at all times be authorised and be lawful.

I do not authorise MCB Ltd to share my data with any of its Relevant Entity.

### 3. Acknowledgement and Signature

By signing below, you signify your agreement to the above statements and acknowledge having read, understood and agreed to the Terms and Conditions Governing Data Protection and Processing ("Terms and Conditions").



Signature:

Name:

Date:  /  /  (dd/mm/yyyy)

### FOR OFFICE USE ONLY

Customer Number: <input type="text"/>	
Processed By: <input type="text"/>	Authorised By: <input type="text"/>
Signature: <input type="text"/>	Signature: <input type="text"/>
Signature Code: <input type="text"/>	Signature Code: <input type="text"/>
Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy)