

Facsimile / Letter attachment by email
Instruction Indemnity

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٤٣ شارع الحكومة
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Date: / /

In consideration of agreeing to accept instructions via facsimile transmission 'fax' / letter attachment by email in relation to any banking transactions only on behalf of the following account(s):

- | | |
|--------------------|--|
| 1. A/c Name: _____ | A/c No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2. A/c Name: _____ | A/c No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3. A/c Name: _____ | A/c No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 4. A/c Name: _____ | A/c No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 5. A/c Name: _____ | A/c No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 6. A/c Name: _____ | A/c No.: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

I hereby undertake and agree to the following:

- BBK hereby is authorized to accept any banking instructions via fax / letter attachment by email which includes:
 - An instruction that bears the account name(s) and account number(s) mentioned above.
 - An instruction that is signed by the authorized signatory only.
- The Bank may refuse to act on any instruction in their absolute discretion and without incurring any liability.
- The Bank may refuse to act on any Instruction that fails to comply with the provision of point (1) above.
- The Bank may refuse to act on any Instruction should the Bank have any reservations as to the authenticity of the instruction received.
- The Bank may refuse to act on any Instruction that is mutilated or unclear in any respect.
- I undertake the responsibility of providing the Bank promptly the original signed instruction should it be requested by the Bank at any point in time.

I hereby undertake to indemnify the Bank against all costs, claims, damages and proceeding that may arise or that may incur by reason of having accepted and acted on the instructions transmitted by fax / letter attachment by email.

This indemnity " in - line " with the laws of the Kingdom of Bahrain.

Name: _____ ID Number: _____

Mobile: _____ Email: _____

Signature: _____ Fax No: _____