

Cash Margin Form

Name	
Address	
Legal Status & Ownership	
Activity (trade license copy attached)	
Account No.	

We request you to provide us with the facilities mentioned below against 100% cash margin

(in account number _____ of _____).

Details of facility (in OMR):

Facility Type	Amount	Expiry	Purpose / Details

Application forms attached as per the Bank's formats

The undersigned person(s) is/are authorized to sign on behalf of the company as per the Board Resolution

dated _____ (copy attached).

We hereby agree that:

1. The bank will have no obligation for any follow up facilities.
2. We hold the relevant legal documentation to engage in the above mentioned activities.

Name :

Name :

Signature :

Signature :

For Bank Use only

	Name	Signature	Date
Security Checked by			
Approved by			
Limit input by			