## Mandate By Individual To Enable Third Party To Operate Account



Note: Please complete in BLOCK letters and sign in the appropriate space.

Processed by:

Name: \_

Signature:

The Branch Manager Bank Nizwa		DD MM YYYY
Branch:		Date:
Dear Sir/Madam,		
RE: ACCC	UNT NO.	
Account Name:		
,		rary, or in the event of my death, or until you shall receive written notice ly exercising any of the powers in question, you will treat.
Mr./Ms		
as fully authorised for me and my ac	counts to execute the following:	
To operate on any account of min	ne with you and to draw, sign, ac	ccept and endorse cheques, bills and promissory notes.
To give, vary and revoke instruction money payable by or to me (wheel)		nces, including telegraphic transfers, and as to the manner in which any are to be paid or dealt with.
·	ne general of the foregoing) cert	e instructions to you as the custody or disposal of property of all kinds, ificates relating to stocks, shares and other securities, documents of title
4 Taking delivery of documents, in	voices and/or bills of lading cov	ering goods consigned to
·	e said powers exercised, and I h	and I confirm that you are to be under no obligation to ascertain or enquire ereby indemnify the Bank and hold it harmless against any losses, claims,
Mr./Ms		
Third Party Signature:	ID No.:	
Customer Signature:		
Dated this	day of	20
	FOR BAN	NK USE ONLY

METPOA 19052021

Approved by:

Name: \_