APPLICATION TO OPEN AN ACCOUNT

Name: ..... **Nationality:** ..... **ID/ Passport No.:** .....

Address: ..... **Tel:** ..... **Fax:** ..... **P.O.Box:** .....

Account No.: ..... **Currency:** ..... **Account Type:** .....

M/S: Al Khaliji France S.A.
Branch: .....

We kindly request to open an account with your Bank in our name, in order to facilitate the banking transactions, which we may require, the movement of the account shall be operated by us as per our signature shown on the specimen signature card at your Bank, for which it abides us. We undertake to notify you in writing with our acceptance of the Bank statements, and the notices sent by you, to our mail addresses registered with you, we further declare and acknowledge that in case you do not receive our approval on these statements or notices within 15 days, from their dispatch date, then that shall be considered to be our final and complete approval to their contents.

We hereby authorize you to debit our account monthly for any interest due on us, along with all expenses, commissions, postal, telephone, fax, insurance and other such fees.

From this date, we authorize you to offset all accounts opened in our name with your Bank, also you are authorized to stop the operations of this account at any time and to demand our settlement of the balance due with the accumulated interest whereas your records are considered instruments binding us, of which we shall not challenge its validity or object to it.

Signature: .....

Date: .....