E-statement Activation/Deactivation Form

Title of Account: ____________________________________________

Account No.1: ____________________________________________

Account No 2: ____________________________________________

E-mail Address 1: __________________________________________

E-mail Address 2: __________________________________________

Frequency:

- Daily
- Weekly
- Monthly
- Quarterly
- Half yearly

I would like to discontinue receiving Statement of Accounts via Mail

- Yes
- No

I ____________________________ hereby authorize BNMB (Blue Nile Mashreg Bank) to activate my E-statement option, whereby I will receive my bank statements through my E-mail account as per the frequency indicated by me. Also, In consideration of the Bank providing the Service I fully acknowledge, understand and accept the following:

1. If you are not the named addressee, you should not disseminate, distribute or copy the e-mail. If you are not the intended recipient, you are notified that disclosing, copying, distributing, or taking any action in reliance on the contents of the information is strictly prohibited. Any unauthorized reproduction of the message may result in legal and disciplinary action.

2. Blue Nile Mashreg Bank shall not be liable for improper or incomplete or delayed transmission of the message. Blue Nile Mashreg Bank will not accept liability for any errors or omissions in the contents of the message, which arise as a result of email transmission.

3. Blue Nile Mashreg Bank does not guarantee that the integrity of the email has been maintained or that that communication will be free of viruses, interceptions, or interference. Although Blue Nile Mashreg Bank will take reasonable precautions to ensure that no viruses will be present in the mail, BNMB cannot accept responsibility for any loss or damage arising from the use of the email or attachments.

4. I also accept the service charge of SDG 10/ per month or SDG 1 per mail which ever is higher.

____________________________________________
Authorized Signature

____________________________________________
Branch Manager’s Signature/Stamp

Date