



**DUBAI FINANCIAL SERVICES AUTHORITY**  
FOREIGN EXCHANGE CONTROL DEPARTMENT

**APPLICATION FOR RE-ACTIVATION OF ATM CARD**

Shaded areas are for official use only  
Use capital letter throughout this form  
Permanent address only (P.O. BOX NOT ACCEPTABLE)

Date	Source
Financial Institution Code	

1. Write the undersigned hereby apply for permission re-activation of ATM card as undermentioned beneficiary

2. PARTICULARS OF BENEFICIARY

SURNAME: [REDACTED] P/V FILE No. \_\_\_\_\_

OTHER NAMES: [REDACTED] DPSA # ATM \_\_\_\_\_

ADDRESS: [REDACTED] PORTFOLIO/UNLDDKCODE \_\_\_\_\_

[REDACTED]

3. PURPOSE OF EXCHANGE: [REDACTED]

4. AMOUNT APPLIED FOR: [REDACTED]  
(Name and Amount Applied for in Local/Foreign Currency in Words) DIS \_\_\_\_\_

DETAILS OF EXCHANGE CONTRACT

(ATM/DRAFT, T.T, TRAVELLERS CHECK, CASH etc.)  
BENEFICIARY'S DECLARATION

Full Name: [REDACTED] [REDACTED]

[REDACTED]

BENEFICIARY'S SIGNATURE \_\_\_\_\_  
Date \_\_\_\_\_

FOR OFFICE USE ONLY

SUPPORT CODES  
(S ARE LIABLE FOR STAMP DUTIES FEES BASED ON INSURANCE COVERAGE)

PRE-CHECKING [REDACTED]  
REGISTRATION STAMP FEES [REDACTED]  
PROCESSING UNIT STAMP [REDACTED]

Action Code: [REDACTED] Certify Code: [REDACTED]

AUTHORISING OFFICER [REDACTED]



FULL NAME \_\_\_\_\_ CURRENCY CODE \_\_\_\_\_

7. CHECKING PROCESSING UNIT \_\_\_\_\_

AUTHORISING SIGNATURE STAMP AND DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_ STATUS \_\_\_\_\_