

## PROOF OF FUNDS (POF)

### APPLICATION FORM

#### APPLICANT INFORMATION

Business Name:

Business Address:

Contact Person:

Contact No.:

Email Address:

#### APPLICANT'S BANK DETAILS

Bank Name:

Bank Address:

Bank Account Name:

Bank Account Number:

Bank SWIFT Code:

Bank Officer's Name:

Bank Officer's Telephone:

Bank Officer's Email:

#### PROOF OF FUNDS DETAILS

Amount of POF (USD):

Currency:

USD

Tenure/Validity Period:

Issue Date:

Purpose of POF:

Business Transaction  Investment  Project Funding  Other: \_\_\_\_\_

# ALMASAR ALTHAHABI COMMERCIAL BROKERS (ACB)

SHARJAH, UNITED ARAB EMIRATES

EMAIL: info@almasarinc.com

PHONE: +971 55 505 6055

PHONE: +971 55 547 7900

## BENEFICIARY BANK DETAILS

Bank Name:

Bank Address:

Bank SWIFT Code:

Account Number:

## BENEFICIARY INFORMATION

Business Name:

Full Address:

Phone:

Email:

## INSTRUMENT DELIVERY METHOD

## COURIER DELIVERY DETAILS (If Applicable)

Beneficiary Contact  
Person:

Full Courier Address:

Phone:

Email:

## ADDITIONAL INFORMATION

Detailed Purpose/Project Description:

Transaction  
Reference:

Expected Amount:

### DECLARATION:

I/We hereby declare that the information provided above is true and accurate to the best of my/our knowledge. I/We understand that

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Almasar Althahabi Commercial Brokers (ACB) acts solely as an intermediary and does not issue Proof of Funds documents directly. I/We authorize ACB to facilitate this request with appropriate financial institutions on my/our behalf. I/We confirm that the funds referenced in this POF exist and are available for the stated purpose.

**Applicant Signature:**

\_\_\_\_\_

**Date:**

[Empty box for date]

**Printed Name:**

\_\_\_\_\_

**Company Stamp:**