

Authorization Letter / New Account Request Form

Company / Corporate / Facility Name:		Date:
Commercial Registration No. / Facility Registration No.:		No. of Employees:
Expiry Date:		Issuance Place:
Authorized Person's Details		
Primary Authorized Person		
Full Name:		Signature
ID / Iqama Number:	ID / Iqama Expiry Date:	
Nationality:	Birth Date:	
Email:	Mobile Number: +9 6 6	
Additional Authorized Person No. 1		
Full Name:		Signature
ID / Iqama Number:	ID / Iqama Expiry Date:	
Nationality:	Birth Date:	
Email:	Mobile Number: +9 6 6	
Additional Authorized Person No. 2		
Full Name:		Signature
ID / Iqama Number:	ID / Iqama Expiry Date:	
Nationality:	Birth Date:	
Email:	Mobile Number: +9 6 6	
Acknowledgement		
<p>We, do hereby authorize Mr./Messrs. mentioned, whom the particulars stated here above to act on our behalf and to act and sign in our name in their capacity as authorize representative (representatives) in all papers, applications, contracts and agreements and to conduct all the actions required by the conclusion of transactions and contracts with EEC (Mobily), in addition to manage request and cancel our service. We also undertake to ratify and comply with all acts of the mentioned Authorized Person(s) on our behalf through the exercise of the powers covered by this mandate as well as the consequent financial obligations and non-financial obligations. The Authorized Person(s) details are valid and are all on duty under our sponsorship, and this authorization remains in effect unless our company informs Mobily otherwise. We also agree to provide Etihad Etisalat Co. (Mobily) with any information that it requires for the establishing and/or auditing and/or administering our accounts and authorize them to obtain and collect any information as it deems necessary or in need for, regarding our accounts, from the Saudi Credit Bureau (SIMAH) and to disclose and share (inclusive of Data Pooling) that information to the said company (SIMAH) or to any other agency approved by Saudi Arabian Monetary Agency (SAMA).</p>		
Company's Official Person		
Official Person Name	Stamp	Signature
Designation:		
For Mobily Official use only		
Employee's Name	Mobile Number	Signature
PF Number:	<input type="checkbox"/> Original ID of the authorized persons have been reviewed & Authenticated	
Chamber of Commerce Attestation		
Valid CR Copy to be provided along with this form or the facility (700) ID number letter		