



سديم
Sadeem

Sadeem Cancellation Form

Name: _____ CPR / CR#: _____
Tel: _____ #Fax: _____ Mobile No. _____
Account No. _____

Cancellation Reasons

Transfer the remaining balance to my below bank account details:

Name	
Account Number	
IBAN Number	
Bank Name	

I/we confirm that I am authorized to apply for the above cancellation and I or my organization will not hold Sadeem Responsible if the request is not correct.

Signed..... Position.....
Name..... Date.....

For Sadeem use only:

Received by:..... Date.....

Comments:.....
.....

For Finance use only:

Received by:..... Date.....