

Signed on behalf of the Customer by:**Signed on behalf of Mashreqbank psc by:**

Name	Name
Designation	Designation
Signature	Signature
Name	Name
Designation	Designation
Signature	Signature

Services Provider Acknowledgement

_____ agrees to provide the services as per the information contained on this form.
 (Name Of Services Provider)

Signed by Services Provider Authorized Representative :

on	/	/	Name	Signature
----	---	---	------	-----------

For Mashreqbank Use Only

Signatures Verified		Supporting Documents received	
Others		Services Provider's acknowledgement obtained	

Terms used in this Services Level Start-Up Form shall have the meanings ascribed thereto in the MashreqSafedoc Agreement.
 Account to be debited shall be debited at the end of each Gregorian month for the agreed upon charges.