CENTRAL BANK OF BAHRAIN

Direct Debit Authorisation Form
CBB Direct Debit Authorisation Form
For Payment of Annual Fees

In accordance with the CBB Law and Rulebook, all locally incorporated CIUs and PIUs, are subject to an annual fee which must be remitted by way of direct debit by 15th January of the year for which the annual fee is due. The amount of the annual fee is prescribed by Resolution and is BD2,000 for each CIU/PIU.

All operators/trustees must complete this form and ensure that the authorised signatories for the CIU/PIU sign the authorisation in order for the annual fees to be credited directly to the CBB account. The completed form must be sent by 15th October prior to the year for which the fees are due at the latest by e-mail to acsinfo@cbb.gov.bh

Operator/Trustee Name: ____________________________________________

Name of CIU/PIU: ____________________________________________

Operator/Trustee Contact Person: ________________________________

Phone: _______________ E-mail: _____________________________

Bank Name: ___________________________ Bank Account Number: _______________________

IBAN Number: ____________________________

We authorise the bank named above to debit our account /CIU/PIU account, on an annual basis on 15th January or the nearest working day thereto, as instructed by the CBB, for the annual BD2,000 fee.

We will ensure that sufficient funds are available in the above account to meet our obligation in full as the operator/trustee of the authorised/registered CIU/PIU of the CBB. Should there be any changes to these banking instructions, we will inform the CBB accordingly. Should such funds not be available in the account, we understand that we may be subject to financial penalties or other enforcement action under the CBB Law, including the revocation of the CBB authorisation/registration.

N.B. To be signed by two authorised signatories of the CIU or PIU bank account.

(Name of Signing Officer) ____________________________ (Name of Signing Officer) ____________________________

C O R P O R A T E S T A M P (Signature) ____________________________ (Signature) ____________________________

(Date) ____________________________ (Date) ____________________________

To be signed by the fund operator, as a commitment to ensure sufficient funds are available in the bank account

Name of Operator ____________________________ Signature ____________________________ Date ____________________________

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October 2014