

ACCOUNT OPENING FORM

For Individuals & Sole **Proprietorships**

Branch: City:									
Date:	D	D	M	M	Υ	Υ	Υ	Υ	

Account Number: (For Bank Use Only)								
IBAN: (For Bank Use Only)								
Title of Account: (As per Identity Document)								
Nature of Account: Individual Individual Proprietorship Minor								
Type of Account: Current Current Plus Savings Monthly Saver Other (Specify)								
Currency of Account: Pak Rupee US Dollar Pound Sterling Euro Yuan Other (Specify)								
Nature of Business:								
(For Proprietorship/Self-Employed only) Selvice near estate invariant in roller in the specific proprietorship in the state invariant in the specific proprietorship in the state invariant in the specific proprietorship in the state invariant in the state in the state invariant in the state ind								
Purpose of Account: Receipts & Payments Savings & Investments Source of Funds/Income:								
Personal Information Applicant 1 (OR Minor) Applicant 2 (OR Guardian)								
*Full Name: (As per Identity Document)	Applicant I (on millor)	Applicant 2 (on dual diali)						
Gender:	Male Female Other	Male Female Other						
*Father's/Husband's Name: (As per Identity Document)								
*Mother's Maiden Name:								
Marital Status:	Single Married Other (Specify)	Single Married Other (Specify)						
Date of Birth:	D D M M Y Y Y	D D M M Y Y Y						
City & Country of Birth:								
Identity Document: CNIC/SNIC/POC/NICOP/SNICOP/	Type: Country of Issue:	Type: Country of Issue:						
ARC/POR/Passport No./ Juvenile Card/B-Form:	Date of Issue: D D M M Y Y Y	Date of Issue: D D M M Y Y Y Y						
(Whichever applicable)	Expiry Date: D D M M Y Y Y Y	Expiry Date: D D M M Y Y Y Y						
Nationality:	Pakistani Other (i) (ii)	Pakistani Other (i) (ii)						
Resident of Pakistan:	Yes No (Specify Country) (Enclose undertaking for Non-Resident Rupee Account)	Yes No (Specify Country) (Enclose undertaking for Non-Resident Rupee Account)						
*Permanent Residential Address:								
(Postal Code in boxes)								
*Current Residential Address:								
(Postal Code in boxes)								
	Salaried Housewife Accountant Lawyer	Salaried Housewife Accountant Lawyer						
Business/Profession:	Jeweller Other (Specify)	Jeweller Other (Specify)						
	Business/Self-Employed (Specify)	Business/Self-Employed (Specify)						
*Name & Address of Employer/ Business:								
Talantana Namahar ()	Mobile:	Mobile:						
Telephone Number(s): (Local/International)	Network: Mobilink Ufone Zong Telenor	Network: Mobilink Ufone Zong Telenor Residence: Office:						
	Residence: Office:							
*E-mail Address:								
ATM/Debit Card Request:	For Domestic use only: PayPak	For Domestic use only: PayPak						
(You have the option not to select any of the ATM/Debit Cards.)	For International & Domestic Use: UnionPay VISA Silver	For International & Domestic Use: UnionPay VISA Silver VISA Gold VISA Platinum Other (Subject to Bank's eligibility criteria)						
oi tile Aliwi debit Galus.)	UISA Gold UISA Platinum Other (Subject to Bank's eligibility criteria)							
Name to appear on ATM/Debit Card:								
Supplementary Card Required:	Yes (Please fill the prescribed form) No	Yes (Please fill the prescribed form) No						
SMS Alerts Required: No (In case of Joint Account send SMS Alerts to Applicant No only, charges applicable as per Schedule of Charges.) Charges Real Undertaking 1/1/16 understand that this absence health if not called the approach to the property of the selected personally or through outbody.								
Cheque Book Required: Yes Cheque Book Undertaking: I/We understand that this cheque book, if not collected personally or through authorized representative within 60 days from the date of issuance, will be destroyed and charges will be collected as per Bank's Policy								

Statement of Account Required:	E-Statement OR Hard Copy (In case of Joint Account, E-Statement will be sent to Applicant No.1 and Hard Copy will be sen Mailing Address. Frequency will be as per Bank's Policy or applicable Regulations.)										
Mailing Address: (Postal Code in boxes)	City/District:										
	City/District: Country: Next of Kin (Contact for my/our whereabouts)										
Name: Address:											
Relationship with Applicant(s): Telephone: Operational Instructions											
Signing Authority:		or Survivor Other (Specify)									
Zakat Deduction:		parate affidavit/declaration on bond paper)	Non Muslim (enclose declaration	on plain paper)							
Withholding Tax Deduction:	Yes No (enclose valid Tax Exempti	on Certificate) Third party mandate:	Yes (enclose Third party mandate	form) No							
		ATCA and CRS Declaration									
1. (a) Are you a U.S. Citizen? (b) Are you a U.S. Resident? (c) Are you a U.S. Green Card Holder? (d) Have you spent at least 183 days in the U.S. in the last 3 Years? (e) Were you born in the U.S.? (f) Were you born outside the U.S. to U.S. Citizen(s)? (g) Do you have a residential/mailing/ "care of" address in the U.S.? (h) Do you have a U.S. Telephone Number? (i) Does your identity document mention "country of stay" as U.S./a residential address in the U.S.?											
2. Are you resident of any co	untry other than Pakistan or USA for tax purpos	ee? Yes	No Yes	No							
	er question is "Yes", or if your Identity do			status or							
		Declaration									
 I/We request you to open an account with Bank AL Habib Limited ("the Bank") as per details provided above, which I/we confirm are true and correct in all respects. I/We agree to provide any document(s) required by the Bank according to the type of account requested and to abide by the current rules and policies of the Bank for the conduct of such account. I/We have received a copy of the Account Opening Form and Rules/Terms & Conditions of Account in Urdu & English, which have been read and signed by me/us. I/We agree with these Rules/Terms & Conditions and also agree to be bound by them as amended by you from time to time. I/We agree to inform you of any changes in the information provided in this Form or in related documents. This request when accepted by the Bank will be deemed to be an agreement between the Bank and me/ourselves and all sections of this Form shall be treated as an integral and indivisible part of the same. It is understood that this account will be used for bona fide personal/proprietorship transactions. I/We agree to be liable for any finances or debts due to you which you may permit on this or any other account in my/our name. I/We hereby authorize the Bank to update the personal information maintained by the Bank at Customer Information File level pertaining to all of my/our account. Applicable to Joint Account We, the undersigned, request you to open a Joint Account in our names and authorize you, until any one of us shall give you notice in writing to the contrary, to honour and pay to the debit of such account all cheques, drafts and orders, all bills accepted and all notes made when signed/endorsed as specified above under "Operational Instructions", whether such account is for the time being in credit or overdrawn or becomes overdrawn by reason of such payment, we being jointly and severally responsible for the repayment of any finance with return, profit and mark-up. You are also authorized to pay or deliver to or to the order of											
Relationship with the Minor	:	Grandfather By Court Order	Other (Specify)								
All applicants s	hould sign - Also to be used as Specim	en Signature. Unused box should be	marked "VOID".								
Applicant 1		Applicant 2		Attested Passport Size							
Name: Signature/Thumb Impression:		Name: Signature/Thumb Impression:		Photograph of person unable to properly sign or with Shaky/Immature Signature/Illiterate/ Photo Account							
Left Thumb	Right Thumb	Left Thumb	Right Thumb								
To be signed by Guardian if App	licant is a Minor. Left & Right Thumb impression to	be obtained in case of Shaky/Immature Signa	ture/Illiterate/Photo Account								
		For Bank Use Only									
CIF No.: (For Existing Age Special Category Account: (If any)	CIF No.: Deplicant No. 1) Bank Staff Shaky Signature (Indemnity Attached) (Dep 30/3)	(For Existing Applicant No. 2) Photo Account Visually Impai (Indemnity Attached) Blind/Deaf & I									
Account Opening Officer's Certificate: I have checked this Account Opening Form and the required documents and certify that these are in order. I also certify having verified the identity and credentials of the Applicant(s) and, where applicable, the identity of Third Party Mandatee and Guardian after having seen the original identification document(s) and debarred list. All customer(s) signature(s) and photo on this Account Opening Form are admitted and verified by me.											
Name:		Signature:	Sign	. No							
Manager's Approval: Name: Branch Manager to establish	verify the identity of Third Party Mandatas and	· · · · · · · · · · · · · · · · · · ·	Sign	. No							
Branch Manager to establish/verify the identity of Third Party Mandatee and Ultimate Beneficiary.											