



The Manager	Date: D D M M Y Y Y Y	
Branch		
I/We request you to debit my/our account and provide me/us below mentioned	service.	
Account Number:		
IBAN:		
Title of Account:		
Identity Document: (CNIC/SNIC/NICOP/POC)		
Types of Services Requested:		
☐ Funds Transfer ☐ Utility Bill Payment ☐ Cheque Book Request	☐ Issuance of Bankers Cheque, FDD & FTT ☐ Cash Withdrawal	
FUNDS TRANSFER		
☐ Within Bank AL Habib	☐ Interbank Funds Transfer	
Name of Beneficiary:	Name of Beneficiary:	
Beneficiary Account No./IBAN:	Beneficiary Account No./IBAN:	
	Beneficiary Bank:	
Amount in Figures:	Amount in Figures:	
Amount in Words:	Amount in Words:	
Purpose (For Remittance Only):	Purpose (For Remittance Only):	
UTILITY BILL PAYMENT		
1. Utility Company Name:	2. Utility Company Name:	
Consumer Account Number:	Consumer Account Number:	
Billing Month:	Billing Month:	
Amount in Figures:	Amount in Figures:	
Amount in Words:	Amount in Words:	
CHEQUE BOOK REQUEST		
Please issue a Cheque Book Containing Number of Leaves: 10 20 50 100 Note: Cheque Book will be delivered to your registered mailing address.		
ISSUANCE OF BANKERS CHEQUE/FOREIGN DEMAND DRAFT/FOREIGN TELEGRAPHIC TRANSFER		
Name of Beneficiary:		
	Telephone No.:	
Address:		
Additional Information Required for Foreign Demand Draft and Foreign Telegraphic Transfer:		
Drawn on City:		
Beneficiary Bank Name:		
Address:		
SWIFT Code:		
Beneficiary's Bank Correspondent (optional):		
Bank Name:		
Address:		
FCY (for Foreign Demand Draft): ☐ USD ☐ EUR ☐ GBP ☐	Others:	
Amount in Figures: Amount in Words:		
Purnose of Remittance		

AUTHORITY TO THIRD PARTY TO COLLECT		
I/We authorise Mr/Miss/Ms:		
having CNIC/SNIC/NICOP/POC No.: to collect BC/DD/Cheque Book on my/our behalf		
His/Her specimen signature is as under:	Account Holder(s) Signature/ Account Holder(s) Authorized Signature	
Signature	Signature Verified by/Stamp	
CASH WITHDRAWAL		
Pay:	CNIC/SNIC:	
Rupees (in words):	Purpose of Withdrawal:	
CUSTOMER'S UNDERTAKING/SIGNATURE		
"I/We hereby authorize BAHL to carry out my/our instruction as specified herein above, subject to the Terms & Conditions as applicable on the specific service(s) requested and policies and procedures of the bank governing my/our account. I/We also authorize the bank to deduct applicable charges as per applicable Schedule of Charges. The information given above is true, correct and complete in all respects."		
Applicant 1.	Applicant 2.	
CUSTOMER'S UNDERTAKING/SIGNATURE		
Request Received on: D D M M Y Y Y Y Request Process	ed on: DDMMMYYYY	