



Bank AL Habib Limited
بنك الحبيب لميٹڈ

SERVICE REQUEST

FORM

The Manager

Date:

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

<input type="checkbox"/> Within Bank AL Habib	<input type="checkbox"/> Interbank Funds Transfer
Name of Beneficiary:	Name of Beneficiary:
Beneficiary Account No./IBAN:	Beneficiary Account No./IBAN:
Beneficiary Bank:	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: NTN No.:

CNIC/Passport #: Account No.: 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:

Purpose of Remittance:

