Bank AL Habib Limited

ATM/Debit/TeleBanking/IB Account(s) Link Request Form

The Manager,
Bank Al Habib Limited,
_____ Branch. Date _____

Dear Sir,

I request you to link the following Account)(s) to my ATM/Debit/TeleBanking/IB Card.

Own Accounts (For Both Debit and Credit Transactions)				**Account Holder Signature**	**Sign/Account Verified with Stamp**
(Branch Code)	(Account Type)	(Account Number)		_____	_____
				_____	_____
				_____	_____

Beneficiary Accounts (For Credit Transactions only)

Account Number :

Account Number :

ATM Card Number :
(if any)

CNIC Number : - -

Date of Birth: _____ Mother's Maiden Name: _____

Customer(s) Name : _____ Customer(s) Signature: _____

For Bank Use Only

Signature Verified by : _____ Approved by : _____

Attorney Number : _____ Attorney Number : _____

For Consumer Banking Division Use Only

Account(s) Linked by :_____ Account(s) Linked on : ☐☐ ☐☐ ☐☐

Signature : _____