Bank AL Habib Limited
Credit Card Department

Date:_____

UNDERTAKING

I _____ S/O, D/O, W/O _____

holder of CNIC | | | | | | – | | | | | | | | – | |

agreed and understood that, If I obtain AL Habib Credit Card feature of Credit Shield (Insurance Premium), bank will charge 0.080% on a monthly outstanding balance.

Customer's
Signature _____

Customer's
Name:_____

Bank Use Only	
_____ Branch Verification Stamp	_____ Authorized Signature

Note - Age limitations;

1). Applicant who has already attained the age of 60 is not eligible.

2). Insurance cover if opted for before sixty will cease when he/she attains his/her 65th birthday.