

Account Number: (For Bank Use Only)		
IBAN: (For Bank Use Only)		
Title of Account: (As per Identity Document)		
Nature of Account: <input type="checkbox"/> Individual (Single) <input type="checkbox"/> Individual (Joint) <input type="checkbox"/> Proprietorship <input type="checkbox"/> Minor		
Type of Account: <input type="checkbox"/> Current <input type="checkbox"/> Current Plus <input type="checkbox"/> Savings <input type="checkbox"/> Monthly Saver <input type="checkbox"/> Other (Specify)		
Currency of Account: <input type="checkbox"/> Pak Rupee <input type="checkbox"/> US Dollar <input type="checkbox"/> Pound Sterling <input type="checkbox"/> Euro <input type="checkbox"/> Yuan <input type="checkbox"/> Other (Specify)		
Nature of Business: (For Proprietorship/Self-Employed only) <input type="checkbox"/> Service <input type="checkbox"/> Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Foreign Trade <input type="checkbox"/> Other (Specify)		
Details of Business: <input type="checkbox"/> Sales Tax No. <input type="checkbox"/> NTN		
Purpose of Account: <input type="checkbox"/> Receipts & Payments <input type="checkbox"/> Savings & Investments <input type="checkbox"/> Other (specify) Source of Funds/Income:		
Personal Information	Applicant 1 (OR Minor)	Applicant 2 (OR Guardian/Manager)
*Full Name: (As per Identity Document)		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
*Father's/Husband's Name: (As per Identity Document)		
*Mother's Maiden Name:		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other (Specify)
Date of Birth:	DD MM YYYY	DD MM YYYY
Place of Birth:		
Identity Document: CNIC/SNIC/POC/NICOP/ARNICOP/ ARC/POR/Passport No./ Form-B/Juvenile Card: (Whichever applicable)	Type: _____ Country of Issue: _____ No.: _____ Date of Issue: DD MM YYYY Expiry Date: DD MM YYYY	Type: _____ Country of Issue: _____ No.: _____ Date of Issue: DD MM YYYY Expiry Date: DD MM YYYY
Nationality:	<input type="checkbox"/> Pakistani <input type="checkbox"/> Other (i) _____ (ii) _____	<input type="checkbox"/> Pakistani <input type="checkbox"/> Other (i) _____ (ii) _____
Resident of Pakistan:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify Country) _____ (Enclose undertaking for Non-Resident Rupee Account)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify Country) _____ (Enclose undertaking for Non-Resident Rupee Account)
*Permanent Residential Address: (Postal Code in boxes) (As per Identity Document)		
*Current Residential Address: (Postal Code in boxes)		
Business/Profession:	<input type="checkbox"/> Salaried <input type="checkbox"/> Housewife <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Jeweller <input type="checkbox"/> Self-Employed (Specify) _____ <input type="checkbox"/> Freelancer <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Housewife <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Jeweller <input type="checkbox"/> Self-Employed (Specify) _____ <input type="checkbox"/> Freelancer <input type="checkbox"/> Other (Specify) _____
*Name & Address of Employer/ Business/Institute:		
Telephone Number(s): (Local/International) (With Country Code)	Mobile: _____ Network: <input type="checkbox"/> Mobilink <input type="checkbox"/> Ufone <input type="checkbox"/> Zong <input type="checkbox"/> Telenor <input type="checkbox"/> Other _____ Home: _____ Office: _____	Mobile: _____ Network: <input type="checkbox"/> Mobilink <input type="checkbox"/> Ufone <input type="checkbox"/> Zong <input type="checkbox"/> Telenor <input type="checkbox"/> Other _____ Home: _____ Office: _____
*Email Address:		
Monthly E-Statement of Account Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No (In case of Joint Account, E-Statement will be sent to Applicant No. _____. Physical Statement of Account will be sent to Mailing Address, if E-Statement is not subscribed, on annual/half yearly basis as per Bank's Policy or applicable regulations.)	
ATM/Debit Card Request: (You have the option not to select any of the ATM/Debit Cards.)	For Domestic use only: <input type="checkbox"/> PayPak For International & Domestic Use: <input type="checkbox"/> UnionPay <input type="checkbox"/> VISA Silver <input type="checkbox"/> VISA Gold <input type="checkbox"/> VISA Platinum** <input type="checkbox"/> VISA Signature** ** (Subject to Bank's eligibility criteria)	For Domestic use only: <input type="checkbox"/> PayPak For International & Domestic Use: <input type="checkbox"/> UnionPay <input type="checkbox"/> VISA Silver <input type="checkbox"/> VISA Gold <input type="checkbox"/> VISA Platinum** <input type="checkbox"/> VISA Signature** ** (Subject to Bank's eligibility criteria)
Name to appear on Debit Card:		
Value Added SMS Required: (Other than Digital Transactions)	<input type="checkbox"/> Yes <input type="checkbox"/> No (In case of Joint Account send SMS alerts to Applicant No. _____. Charges applicable as per Schedule of Charges.)	
Mailing Address: (Applicable to Applicant 1 address)	<input type="checkbox"/> Permanent Residential Address <input type="checkbox"/> Current Residential Address <input type="checkbox"/> Employer/Business Address	

***PLEASE USE CAPITAL LETTERS**

Note for Customer(s): For more than TWO Applicants or Account Opening Form in Urdu, please request account opening officer/Bank staff for the appropriate form.

نوٹ برائے صارفین: دو سے زائد درخواست گزاروں یا اردو میں اکاؤنٹ کھولنے کے فارم کے لئے، براہ کرم اکاؤنٹ کھولنے والے افسر/بینک اسٹاف سے مخصوص فارم کے لئے درخواست کریں۔

Next of Kin (Contact for my/our whereabouts)

Name: Relationship with Applicant(s):
Address: Telephone:

Operational Instructions

Signing Authority: ☐ Singly ☐ Jointly ☐ Either or Survivor ☐ Other (Specify)
Zakat Exemption: ☐ Yes (all applicants to enclose separate affidavit/declaration on bond paper) ☐ No ☐ Non Muslim (enclose declaration on plain paper)

FATCA 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/mailling/ "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.?

Applicant 1:	Applicant 2:
<input type="checkbox"/> Yes (One/more of these) <input type="checkbox"/> No (None of these)	<input type="checkbox"/> Yes (One/more of these) <input type="checkbox"/> No (None of these)

2. Are you resident of any country other than Pakistan or USA for tax purpose?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: If the answer to either question is "Yes", or if your Identity document/account opening information indicates that (i) you have U.S. status or (ii) you are a tax resident of a country other than Pakistan, you will be required to fill additional FATCA/CRS form.

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 an account I/We have received a copy of the Account Opening Form and Rules/Terms & Conditions of the Account in Urdu and 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 the bank 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 given in this account opening form at Customer Information Folio and to all of my/our account(s) at the Bank.

I/We solemnly declare that I/we have not been refused banking facilities by any other bank before approaching you for opening 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 the survivor(s) of us any monies, securities or property standing to the credit of our Joint Account or held by you for us.

Applicable to Sole Proprietorship I request you to open an account of which I am a sole proprietor and authorize you, until I 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 by me whether such account is for the time being in credit or overdrawn or becomes overdrawn by reason of such payment, I being responsible for the repayment of any finance together with return, profit and markup.

Applicable to Minor's Account I shall represent the Minor in all future transactions of any description in the above account till the said Minor attains majority. I hereby fully indemnify the Bank against any claim of the above Minor for any withdrawal/transaction made by me in the account.

I do not maintain any other account with the same minor with the Bank and shall only use this account for bona fide transactions of the minor and promoting saving habits and not for my personal banking needs or business advantage(s).

Relationship with the Minor (where applicable): ☐ Father ☐ Mother ☐ Paternal Grandfather ☐ By Court Order ☐ Other (Specify)

Note for Customer(s)

- Please fill separate cheque book requisition slip for issuance of cheque book (if required)
- For Applicable Terms & Conditions please refer to Terms & Conditions Booklet

All applicants should sign - Also to be used as Specimen Signature. Unused box should be marked "VOID".

Applicant 1 Name:	Applicant 2 Name:
Signature/Thumb Impression	Signature/Thumb Impression
Attested Passport Size Photograph	Attested Passport Size Photograph
Left Thumb Right Thumb	Left Thumb Right Thumb

To be signed by Guardian if Applicant is a Minor. Left & Right Thumb impression and attested Passport Sized photograph of a person is to be obtained in case of a Photo Account

For Bank Use Only

CIF No.: CIF No.: SBP (ISIC) Code: Amount Deposited:
(For Existing Applicant No. 1) (For Existing Applicant No. 2) (As per Business/ Profession) (In lieu of other required Banking Services)

Special Category Account: ☐ Bank Staff ☐ Photo Account ☐ Differently Aabled ☐ Other
(If any) (Indemnity Attached) (Dep 30/1) Persons (DAP) (Specify) (Specify)

Account Opening Officer / Operations Manager Certificate: We have checked this Account Opening Form and the required documents and certify that these are in order. We 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), debarred and FIU watchlist. All customer(s) signature(s) and/or photo on this Account Opening Form are admitted and verified by us.

Name: Signature: Sign. No.

Branch Manager's Approval:

Name: Signature: Sign. No.

Branch Manager has established/verified the identity of Third Party Mandatee and confirmed that Account Holder is the beneficial owner of the account.