

Bank AL Habib Limited

ACCOUNT OPENING FORM

 Branch: _____
 City: _____
 Date: _____

(For Individuals - Pak Rupees Only)
Account No.: (For Bank Use Only) [Grid]

IBAN: (For Bank Use Only) [Grid]

Title of Account: (As per Identity Document) [Grid]

Nature of Account: Individual Joint Minor **Type of Account:** Current Savings

PERSONAL INFORMATION	APPLICANT 1 (or Minor)	APPLICANT 2 (or Guardian)
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*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/Place of Birth:	Date of Birth:	Place of Birth:	Date of Birth:	Place of Birth:
CNIC/SNIC/Form-B/Juvenile Card:	Type:	Date of Issue:	Type:	Date of Issue:
	No.:	Date of Expiry:	No.:	Date of Expiry:
*Permanent Residential Address: (Postal Code in boxes)	[Grid]		[Grid]	
*Current Residential Address: (Postal Code in boxes)	[Grid]		[Grid]	
Telephone Number(s): (Local/International)	Mobile:	Network:	Mobile:	Network:
	Residence:	<input type="checkbox"/> Mobilink <input type="checkbox"/> Ufone <input type="checkbox"/> Zong <input type="checkbox"/> Telenor	Residence:	<input type="checkbox"/> Mobilink <input type="checkbox"/> Ufone <input type="checkbox"/> Zong <input type="checkbox"/> Telenor
	Office:		Office:	
*E-mail Address:				
Business/Profession:	<input type="checkbox"/> Salaried <input type="checkbox"/> Housewife <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Salaried <input type="checkbox"/> Housewife <input type="checkbox"/> Other (specify) _____	
Source of Income:	<input type="checkbox"/> Salary <input type="checkbox"/> Remittances <input type="checkbox"/> Agriculture <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment <input type="checkbox"/> Family Business <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Salary <input type="checkbox"/> Remittances <input type="checkbox"/> Agriculture <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment <input type="checkbox"/> Family Business <input type="checkbox"/> Other (specify) _____	
Purpose of Account:	<input type="checkbox"/> Receipts & Payments <input type="checkbox"/> Savings & Investments <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Receipts & Payments <input type="checkbox"/> Savings & Investments <input type="checkbox"/> Other (specify) _____	
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 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"/> Other _____		For International & Domestic Use: <input type="checkbox"/> UnionPay <input type="checkbox"/> VISA Silver <input type="checkbox"/> VISA Gold <input type="checkbox"/> Other _____	
Name to Appear on ATM/Debit Card:	[Grid]		[Grid]	
**Expected Monthly Transactions:	Expected Monthly Credits: Rs. _____		Expected Monthly Debits: Rs. _____	
SMS Alerts Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No (In case of Joint Account send SMS Alerts to Applicant No. _____ only, charges applicable as per Schedule of Charges.)			
Statement of Account Required:	<input type="checkbox"/> E-Statement OR <input type="checkbox"/> Hard Copy (In case of Joint Account, E-Statement will be sent to Applicant No. _____ and Hard Copy will be sent to Mailing Address. Frequency will be as per Bank's Policy or applicable Regulations.)			
Mailing Address: (Postal Code in boxes)	[Grid]		[Grid]	
Next of Kin: (contact for my/our whereabouts)	Name: _____		Relation with Applicant(s): _____	
	Address: _____		Tel: _____	
Operational Instructions: <input type="checkbox"/> Singly <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor	Zakat Deduction: <input type="checkbox"/> Yes <input type="checkbox"/> No		(all applicants to enclose separate affidavit/declaration on bond paper) <input type="checkbox"/> 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/ mailing/ "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:
<input type="checkbox"/> Yes (One/more of these) <input type="checkbox"/> No (None of these) | Applicant 2:
<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 |

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.

***Total Debit per month & Credit Balance Limit should not exceed PKR 1,000,000/-

*PLEASE USE CAPITAL LETTERS

DEP-69 (English) 06-22 GAP

 Signature of Account Holder

 Signature of Account Holder

KEY FEATURES

- | | | | | | |
|--|-----------------------|-----------------|----------------------------|-----------------|--|
| <p>i) Asaan Account can be opened by resident individuals having Pakistani nationality only.</p> <p>ii) One CNIC holder can open only one Asaan account (either single or joint) and cannot simultaneously maintain a Basic Banking Account or any other regular account.</p> <p>iii) There is no initial deposit or minimum balance requirement.</p> <p>iv) Profit on Asaan Savings Account will be calculated on monthly average balance and paid on bi-annually. No profit will be paid on Asaan Current Account.</p> <p>v) New Account other than Asaan Account will be opened if customer require financial services for higher than below specified transaction threshold set for Asaan Account;</p> <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td>Total Debit per Month</td> <td style="text-align: right;">Rs. 1,000,000/-</td> </tr> <tr> <td>Total Credit Balance Limit</td> <td style="text-align: right;">Rs. 1,000,000/-</td> </tr> </table> <p>vi) Credit transactions in excess of total credit balance limit of Rs. 1,000,000/- are allowed in case of inward remittances in Asaan Account subject to proper analysis of transaction and evaluation of risk or in case of any profit/return on account balance in excess of total credit balance limit of Rs. 1,000,000/-.</p> | Total Debit per Month | Rs. 1,000,000/- | Total Credit Balance Limit | Rs. 1,000,000/- | <p>vii) Bank charges, government taxes or levies and instructions issued under any law or from the court will not be subject to debit or withdrawal restriction beyond total debit per month limit of Rs. 1,000,000/-.</p> <p>viii) Cross border (outward) transaction are not allowed. However, in case of Card-based accounts having international acceptance, the banks may allow international transactions subject to applicable limits.</p> <p>ix) Free ATM/Debit Card (PayPak – Default Card) on Asaan Current Account.</p> <p>x) Free E-Statement, Internet and Mobile Banking facility.</p> <p>xi) Free Life Insurance
Free Life Insurance Coverage for customers with following eligibility criteria:</p> <ul style="list-style-type: none"> – Claims Payable on last 90 Days of Average Balance in Customer Account. – New Accounts Eligible After 90 Days of Opening of Account – Maximum Claim Payable on Accidental Death – Rs. 1 Million – Maximum Claim Payable on Natural Death/Permanent Disability – Rs. 0.5 Million – In Case of Joint Account, Any One of the Account-holders will be Covered – Admissible Age Limit of Claim – 18 to 60 Years <p>xii) SMS Alert Facility</p> |
| Total Debit per Month | Rs. 1,000,000/- | | | | |
| Total Credit Balance Limit | Rs. 1,000,000/- | | | | |

DECLARATION

I/We request you to open an account with Bank AL Habib Limited (“the Bank”) as per details provided in this form, which I/we confirm are true and correct in all respects. I/We agree to provide any document(s) required by the Bank and to abide by the current rules and policies of the Bank for the conduct of such account. I/We have received copy of Account Opening Form and Terms and Conditions of Account, which have been read, understood and signed by me. I/We agree to inform you of any changes in the information provided in this Form or in related documents. 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, and that this account will be used for my/our bona fide financial transactions. I/We authorize you, until I/we give you notice in writing to the contrary, to honour and pay to the debit of my/our account all cheques, drafts and orders, all bills accepted and all instruments when signed/endorsed by me/us as specified in “Operational Instructions” whether such account is for the time being in credit or overdrawn or becomes overdrawn by reason of such payment. I/We agree to be liable, and joint accountholders shall be jointly and severally liable, for any finances or debts due to you which you may permit on this or any other account in my/our name. I am/We are the sole beneficial owner of this account.

I/We hereby solemnly declare that I am/We are not involved in any criminal and money laundering activity and the funds to be deposited in my/our account are not and will not be derived from any illegal activities/sources but are and will be derived from the source of income as mentioned in this form.

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
- For Account Opening Form in Urdu, Please request Account Opening Officer/Bank Staff for the appropriate Form

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

Applicant 1 Name:	Applicant 2 Name:	Attested Passport Size Photograph of person unable to properly sign or with Shaky/Immature Signature/Illiterate/Photo Account
Signature/Thumb Impression: <div style="display: flex; justify-content: space-around; width: 100%;">Left ThumbRight Thumb</div>	Signature/Thumb Impression: <div style="display: flex; justify-content: space-around; width: 100%;">Left ThumbRight Thumb</div>	

To be signed by Guardian if Applicant is a Minor. Left & Right Thumb impression to be obtained in case of Shaky/Immature Signature/Illiterate/Photo Account

FOR BANK USE ONLY

Account Opening Officer's Certificate:

SBP (ISIC) Code:

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I have checked this Account Opening Form and the required documents and certify that these are in order. I also certify having verified the identity and credentials of the Applicant(s) and, where applicable, the identity of ultimate beneficiary, Third Party Mandatee and Guardian after having seen the original identification document(s), and having face to face interaction with the customer. All customer(s) signature(s) and photo on this Account Opening Form are admitted and verified by me

Politically Exposed Person (PEP) Yes No

Special Category Account: (if any)

- Shaky Signature (Indemnity Attached) (Dep 30/3) Photo Account (Indemnity Attached) (Dep 30/1) Illiterate Visually Impaired/Blind/Deaf & Dumb Physical Disability Other _____

Name: _____ Signature: _____ Sign. No.: _____

Manager's Approval:

Name: _____ Signature: _____ Sign. No.: _____