

ACCOUNT OPENING FORM

For Individuals and Sole Proprietorships

Bank AL Habib Limited



Branch

Date: DD MM YY YY

Account Number: (For Bank Use Only)

IBAN No.: (For Bank Use Only)

Title of Account As per Identity Document:

Mailing Address:

City/ District Country Postal Code Date of Attaining Majority (Attested copy of "B" Form attached)

Nature of Account: Individual (Single) Joint Proprietorship Photo Minor

Type of Account: Current Current Plus Savings Monthly Saver Other (specify)

Currency of Account: Pak. Rupees US Dollars Pound Sterling Euro Other (specify)

Nature of Business: (for Proprietorship only) Service Manufacturing Retail Real Estate Other (specify)

Details of Business: Sales Tax No. NTN

PERSONAL INFORMATION (APPLICANT 1)

*Full Name As per Identity Document:

Date of Birth: DD MM YY YY Place of Birth: Marital Status: Single Married Other (specify)

CNIC/ NICOP/ POC/ SNIC Number: ARC Number:

Date of Issue: DD MM YY YY Expiry Date: DD MM YY YY Place of Issue:

*Father's/ Husband's Name:

*Mother's Maiden Name:

Passport Number: Date of Issue: DD MM YY YY Expiry Date: DD MM YY YY

Place of Issue: Nationality:

U.S. Citizen/ Resident/ Green Card Holder: Yes No Residence Status: Resident Non-Resident (Country)

*Permanent Residential Address:

Business/ Profession: Salaried Business/Self-Employed Housewife Other (specify)

Name/ Address of Employer/ Business:

Telephone Number(s) (Local/ International): Office: Residence: Mobile: Fax:

*E-mail Address:

Electronic Banking Services

ATM/Debit Card VISA Debit Card (Gold) VISA Debit Card (Silver)

Name to appear on the Card:

Supplementary VISA Debit Card Required: Yes (Please fill the prescribed form) No

Signature

*Please use Capital Letters

DEP/1-B (GAP 0913)

PERSONAL INFORMATION (APPLICANT 2)

*Full Name
As per Identity Document:

Date of Birth:

D	D		M	M		Y	Y	Y	Y
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 Place of Birth: Marital Status: ☐ Single ☐ Married ☐ Other (specify)

CNIC/ NICOP/ POC/ SNIC
Number:

ARC Number:

Date of Issue:

D	D		M	M		Y	Y	Y	Y
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Expiry Date:

D	D		M	M		Y	Y	Y	Y
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Place of Issue:

*Father's/ Husband's Name:

*Mother's Maiden Name:

Passport Number:

Date of Issue:

Expiry Date:

Place of Issue: Nationality:

U.S. Citizen/ Resident Green Card Holder: ☐ Yes ☐ No **Residence Status:** ☐ Resident ☐ Non-Resident (Country)

*Permanent Residential Address: _____

Business/ Profession: ☐ Salaried ☐ Business/Self-Employed ☐ Housewife ☐ Other (*specify*) _____

Name/ Address of Employer/
Business:

Telephone Number(s) Office: Residence:
(Local/ International): Mobile: Fax:

*E-mail Address:

Electronic Banking Services	<input type="checkbox"/> ATM/Debit Card		<input type="checkbox"/> VISA Debit Card (Gold)		<input type="checkbox"/> VISA Debit Card (Silver)							
	Name to appear on the Card:											
	Supplementary VISA Debit Card Required:		<input type="checkbox"/> Yes (Please fill the prescribed form)		<input type="checkbox"/> No		Signature					

☐ ATM/Debit Card ☐ VISA Debit Card (Gold) ☐ VISA Debit Card (Silver)

Name to appear on the Card:

Supplementary VISA Debit Card Required: ☐ Yes *(Please fill the prescribed form)* ☐ No

Signature

E-STATEMENT REQUEST

E-mail Address: _____
(Please Specify Underscore “_” or Dash “-” as and where necessary)

I/We also request that all statements of account be sent to my/our above email address on the following frequency:

☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Other (specify) _____

Please ☐ send ☐ do not send hard copy statements of account to my/our address &

I/We undertake to inform the Bank immediately if my email address mentioned is changed or in any way compromised.

Name(s)

Signature(s)

Internet Banking Required ☐ Yes ☐ No

SMS Alerts Required ☐ Yes ☐ No

Cheque Book Required ☐ Yes ☐ No

Mobile No. _____

Cheque Book Undertaking: I understand that this cheque book, if not collected personally or through authorized representative within 60 days from the date of issuance, may be destroyed and charges will be collected as per Bank Policy

☐ Mobilink ☐ UFone ☐ Warid ☐ Zong ☐ Telenor

☐ Other _____

NEXT OF KIN

Name and address of the person/next of kin to be contacted for ascertaining my/our whereabouts.

Name: _____

Address:

Relationship with Applicant(s):

CNIC / SNIC Number:

[illegible]

Account Holder's Signature(s)

ACCOUNT INTRODUCTION

Introducer's Name: _____

Account Number: _____

Bank _____

Branch _____

CNIC / SNIC Number: _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number: _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Introducer's Signature: _____

Introducer's signature verified by:

FOR BANK USE ONLY

Name: _____ Signature: _____ S. No.: _____

OPERATIONAL INSTRUCTIONS

Signing Authority: ☐ Singly ☐ Jointly ☐ Either or Survivor ☐ Other (specify) _____

Zakat Exemption: ☐ Yes (enclose affidavit/declaration on bond paper) ☐ No ☐ Non Muslim (enclose declaration on plain paper)

Withholding Tax Exemption: ☐ Yes (enclose valid Tax Exemption Certificate) ☐ No

Hold Mail: ☐ Yes (Indemnity enclosed) ☐ No Third party mandate: ☐ Yes (enclose Third party mandate) ☐ No

EXISTING RELATIONSHIP WITH BANK AL HABIB LIMITED / RELATIONSHIPS WITH OTHER BANKS

Title of Account: _____

Bank/Branch Name: _____

Account Number: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

DECLARATION - Must be Signed by All Applicants

I/We request you to open an account(s) 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(s) requested and to abide by the current rules and policies of the Bank for the conduct of such account(s). I/ We have received a copy of the Account Opening Form and Rules/ Terms & Conditions of Account, 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 you 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 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 under the name and style of _____ which is the name of the concern 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 mark-up.

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.

Relationship with the Minor: ☐ Father ☐ Mother ☐ Paternal Grand Father ☐ By Court Order ☐ Other (specify) _____

Signature(s): _____

Name(s): _____

(To be signed by all Applicants, or by Guardian if Applicant is a Minor)

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Special Category Account: (If any)

- ☐ Bank Staff
 ☐ Shaky Signature
(Indemnity Attached dep 30/3)
 ☐ Photo Account
(Dep 30/1 for English)
(Dep 30/2 for Urdu)
 ☐ Minor
 ☐ ARC
 ☐ Parda Nasheen
 ☐ Blind
- ☐ Other (specify) _____

- | | Check (✓)
if Applicable | Check (✓)
if Complied |
|---|----------------------------|--------------------------|
| 1. Attested copy of CNIC or valid passport (with valid visa) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In case CNIC does not contain a photograph, attested copy of any other document such as driving license that contains a photograph, in addition to CNIC | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In case of a salaried person, attested copy of service card, or any other acceptable evidence of service including, but not limited to a certificate from the employer | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In case an individual is unable to sign or has shaky signature, two passport size photographs | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In case of Foreign Citizen residing in Pakistan, attested copy of passport bearing valid visa or work permit. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In case of Minor's account: | | |
| • Title of Account to include the word "MINOR" | <input type="checkbox"/> | <input type="checkbox"/> |
| • Attested copy of Minor's birth certificate and form "B" (Issued by NADRA) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Attested copy of Guardian's CNIC | <input type="checkbox"/> | <input type="checkbox"/> |
| • Proof of Guardian's relationship with Minor (attested copy of birth certificate, Form 'B', or court order). | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In case of proprietorship account, application to open account on the firm's letterhead with rubber stamp (if available) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In case of Hold Mail account, duly executed Hold Mail Indemnity | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In case of Third Party Mandatee, duly executed Third Party Mandate and attested copy of CNIC | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In case of exemption from Zakat, Zakat declaration on Bond Paper or attested copy of duly executed affidavit | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In case of Non Muslim Zakat declaration should be on plain paper | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Specimen Signature Cards for Applicant(s)/Guardian and Third Party Mandatee | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Rules of Account, duly signed | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Original identification document(s) seen by Account Opening Officer | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Letter of thanks sent by CPU (postal/courier receipt to be attached on return by company) | <input type="checkbox"/> | <input type="checkbox"/> |

Account Opening Officer's Certificate:

SBP Code

FATCA Code
(If Required)

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 Third Party Mandate and Guardian after having seen the original identification document(s) and debarred list.

Name: _____ Signature: _____ S. No. _____

Manager's Approval:

Name: _____ Signature: _____ S. No. _____

Photograph of person
unable to properly sign
or with shaky signature /
Photo Account

Branch Manager to satisfy himself about reason for Hold Mail accounts and, where applicable, to establish/verify the identity of Third Party Mandatee and Ultimate Beneficiary.

All customer(s) Signature(s) and Photo on this Account Opening Form are admitted and verified by me.

Officer _____ Manager _____
S. No. _____ S. No. _____

TO BE COMPLETED BY CPU

Received at CPU on: _____

Processed by: _____

Authorized by: _____

Scanned by: _____