

Account Number: (For Bank Use Only)

IBAN: (For Bank Use Only)

Title of Account: (As per Identity Document)

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

Type of Account: AL Habib Current AL Habib Tijaat AL Habib Savings AL Habib Mahana Savings AL Habib Apna Individual
 AL Habib Islamic Senior Citizen Other (Specify) _____

Currency of Account: Pak Rupee US Dollar Pound Sterling Euro Other (Specify) _____

Nature of Business: (For Proprietorship/Self-Employed only) Service Real Estate Manufacturing Retail Foreign Trade Other (Specify) _____

Details of Business: Sales Tax No. _____ NTN _____

Purpose of Account: Receipts & Payments Savings & Investments **Source of Funds/Income:** _____

Personal Information	Applicant 1 (OR Minor)	Applicant 2 (OR Guardian)																																								
*Full Name: (As per Identity Document)	<input type="text"/>	<input type="text"/>																																								
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: <small>(As per Identity Document)</small>	<input type="text"/>	<input type="text"/>																																								
*Mother's Maiden Name:	<input type="text"/>	<input type="text"/>																																								
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:	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y	Y	Y	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y	Y	Y																				
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City & Country of Birth:	<input type="text"/>	<input type="text"/>																																								
Identity Document: CNIC/SNIC/POC/NICOP/SNICOP/ ARC/POR/Passport No./ Juvenile Card/B-Form: <small>(Whichever applicable)</small>	Type: _____ Country of Issue: _____ No.: <input type="text"/> Date of Issue: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Expiry Date: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y	Y	Y	D	D		M	M		Y	Y	Y	Y	Type: _____ Country of Issue: _____ No.: <input type="text"/> Date of Issue: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Expiry Date: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y	Y	Y	D	D		M	M		Y	Y	Y	Y
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D	D		M	M		Y	Y	Y	Y																																	
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) _____ <small>(Enclose undertaking for Non-Resident Rupee Account)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Specify Country) _____ <small>(Enclose undertaking for Non-Resident Rupee Account)</small>																																								
*Permanent Residential Address: <small>(Postal Code in boxes)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																								
*Current Residential Address: <small>(Postal Code in boxes)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																								
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"/> Other (Specify) _____ <input type="checkbox"/> Business/Self-Employed (Specify) _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Housewife <input type="checkbox"/> Accountant <input type="checkbox"/> Lawyer <input type="checkbox"/> Jeweller <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Business/Self-Employed (Specify) _____																																								
*Name & Address of Employer/ Business:	<input type="text"/>	<input type="text"/>																																								
Telephone Number(s): <small>(Local/International)</small>	Mobile: _____ Network: <input type="checkbox"/> Mobilink <input type="checkbox"/> Ufone <input type="checkbox"/> Zong <input type="checkbox"/> Telenor Residence: _____ Office: _____	Mobile: _____ Network: <input type="checkbox"/> Mobilink <input type="checkbox"/> Ufone <input type="checkbox"/> Zong <input type="checkbox"/> Telenor Residence: _____ Office: _____																																								
*E-mail Address:	<input type="text"/>	<input type="text"/>																																								
ATM/Debit Card Request: <small>(You have the option not to select any of the ATM/Debit Cards.)</small>	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"/> Other _____ <small>(Subject to Bank's eligibility criteria)</small>	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"/> Other _____ <small>(Subject to Bank's eligibility criteria)</small>																																								
Name to appear on ATM/Debit Card:	<input type="text"/>	<input type="text"/>																																								
Supplementary Card Required:	<input type="checkbox"/> Yes (Please fill the prescribed form) <input type="checkbox"/> No	<input type="checkbox"/> Yes (Please fill the prescribed form) <input type="checkbox"/> No																																								
SMS Alerts Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(In case of Joint Account send SMS Alerts to Applicant No. _____ only, charges applicable as per Schedule of Charges.)</small>																																									
Cheque Book Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Cheque Book Undertaking: I/We understand that this cheque book, if not collected personally or through authorized representative within 60 days from the date of issuance, will be destroyed and charges will be collected as per Bank's Policy.																																									

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.1 and Hard Copy will be sent to Mailing Address. Frequency will be as per Bank's Policy or applicable Regulations.)
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Mailing Address: (Postal Code in boxes)	City/District: _____ Country: _____				
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Next of Kin (Contact for my/our whereabouts)

Name: _____

Address: _____

Relationship with Applicant(s): _____ Telephone: _____

Operational Instructions

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

Zakat Deduction: Yes No (all applicants to enclose separate affidavit/declaration on bond paper) Non Muslim (enclose declaration on plain paper)

Withholding Tax Deduction: Yes No (enclose valid Tax Exemption Certificate) Third party mandate: Yes (enclose Third party mandate form) No

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: <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.

Declaration – Must be Signed by All Applicants

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 account. I/We have received a copy of the Account Opening Form and Rules/Terms & Conditions of Account in Urdu & 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 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 hereby authorize the Bank to update the personal information maintained by the Bank at Customer Information File level pertaining 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, draft 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 debit balance or becomes debit balance by reason of such payment, we being jointly and severally will be required to deposit funds to regularize the position within 3 working days. 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 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 debit balance or becomes debit balance by reason of such payment, I will be required to deposit funds to regularize the position within 3 working days.

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 Grandfather By Court Order Other (Specify) _____

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

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

CIF No.: (For Existing Applicant No. 1) CIF No.: (For Existing Applicant No. 2) SBP Code:

Special Category Account: Bank Staff Shaky Signature (Indemnity Attached) (Dep 30/3) Photo Account (Indemnity Attached) (Dep 30/1) Visually Impaired/Blind/Deaf & Dumb Other (Specify) _____

Account Opening Officer's Certificate: 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 Mandatee and Guardian after having seen the original identification document(s) and debarred list. All customer(s) signature(s) and photo on this Account Opening Form are admitted and verified by me.

Name: _____ Signature: _____ Sign. No. _____

Manager's Approval:

Name: _____ Signature: _____ Sign. No. _____

Branch Manager to establish/verify the identity of Third Party Mandatee and Ultimate Beneficiary.