

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" <i>(Issued by NADRA)</i> | <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 <i>(postal/courier receipt to be attached on return by company)</i> | <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: _____