

ATM / Debit Card/Internet Banking Application Form

The Manager,
Bank AL Habib Ltd.

_____ Branch

Branch Code _____

Date: _____ - _____ - _____

Dear Sir,

ATM/Debit Card: I/We request you to issue me/us an ATM/Debit Card as per details given below. **I/We have read, understood and agreed to abide by the terms and conditions which have been provided to me at the time of Account opening and have also been posted on www.bankalhabib.com and agree to be bound by such terms and conditions. I/We understand that this ATM/Debit Card is not a Credit Card.** I/We also understand and accept that due to restriction in numbers of characters in the name field, my/our name may be truncated, but no nick name will be inserted. I/We also understand that ATM/Debit Card will be delivered to me/us by the branch through personal visit along with Original CNIC. If the ATM/Debit Card is not collected/activated within 60 days from the date of issuance, it will be cancelled and a Replacement Card will only be issued on request. I/We completely understand that the Bank may levy fees/charges as and when applicable in connection with the ATM/Debit Card services and I/We agree to pay the same in accordance with the Bank's Schedule of Charges applicable at that time.

Internet Banking: I/We request you to issue me/us an Internet Banking User ID as per details given below. **I/We have read and understood the terms and conditions provided to me at the time of account opening of usage of the services which have also been posted on www.bankalhabib.com and agree to be bound by such terms and conditions.** I/We understand/agree that the Internet Banking User ID and Password shall only be valid for Bank AL Habib's website www.bankalhabib.com. I/We also understand that the Internet Banking User ID will be delivered to me/us at my/our registered email address provided to you by me/us.

Account Title _____

Account Number _____

Name on Card _____

Account Holder's CNIC # _____

Date Of Birth _____

Mother's Maiden Name _____

Email Address (If Available) _____

Current Mailing Address

Telephone : _____

Residence _____

Office/Busines _____

Cell # _____

Nature Of Account _____

Type of ATM/Debit Card

For Local & International Use

UPI Visa Gold Visa Silver

Internet Banking

Require Internet Banking

(if already availed then please contact 24/7 call center)

Modification Request

A Separate maintenance ticket is attached for modification

Yes No

 APPLICANT'S SIGNATURE
 (Rubber Stamp of Company required in case of Sole proprietorship A/C)

FOR BRANCH USE ONLY

Signature Verify By : _____ Signature : _____

Application approved By : _____ Signature : _____ Attorney # : _____