

# CUSTOMER REQUEST FORM

Branch Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Date: \_\_\_\_\_

## Customer Information

Customer # \_\_\_\_\_ Account # \_\_\_\_\_ CNIC # \_\_\_\_\_

## Record Update

### A – Address

I/We request the bank to update my/our contact details given below against my/our aforementioned Account.

<b>Change in Address Type</b>	<input type="checkbox"/> Present Residential Address	<input type="checkbox"/> Permanent Residential Address	<input type="checkbox"/> Business Address
	<input type="checkbox"/> Office Address	<input type="checkbox"/> Registered Office Address	<input type="checkbox"/> Other Address
Address Details			
	Nearest Landmark		Post Code
	Tel #	Mobile #	Email

### B – Mailing Address Preference

<b>Address Type where Correspondence is required</b>	<input type="checkbox"/> Present Residential Address	<input type="checkbox"/> Permanent Residential Address	<input type="checkbox"/> Business Address
	<input type="checkbox"/> Office Address	<input type="checkbox"/> Registered Office Address	<input type="checkbox"/> Other Address

### C – Electronic Statement of Account (e-SOA) Required (As per Regulatory Guidelines)

 Yes  No (If 'Yes', email address must exist in preferred Address)

### D – Transactional Alerts (Will be activated on mobile # / email provided in Preferred Address)

 Yes  No **If 'YES', Transactional Alerts Required on**  SMS  e-mail  Both **PACKAGE TYPE**  Basic  Premium

### E – Other Change (s), to be specified

<b>Customer Profile</b>	
<b>Account</b>	

### F – Alternate Delivery Channel (ADC) Services Update

I/We hereby authorize the bank to update below mentioned details on CP for ADC Services (VISA Debit Card/ATM Card/Allied Direct-Internet Banking etc.) availed by myself/ourselves and agree to the Terms &amp; Conditions governing such services.

Mobile #	Email Address:
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1. I/We authorize the bank to recover applicable charges from my/our account(s) maintained with the Bank for above services as stipulated in bank's prevalent Schedule of Charges.
2. I/We hereby authorize the Bank to send regulatory half yearly/annual statement of account of my/our above mentioned account through email (E-SOA) in lieu of paper statement. I/We undertake that it would be my / our sole responsibility to keep the mentioned email address active, valid and secret in all respects.
3. I/We have read and understood the terms and conditions and agree to keep the Bank indemnified against all liabilities, claims, proceedings, actions and damages in relation to or arising out of the Bank accepting my/our request and transmitting information through electronic means. Bank shall not be held responsible for any loss that I/We may suffer due to incorrect mobile number/email address/ mailing address furnished by me/us and non delivery /delays of all correspondence/alerts due to any other technical reasons.
4. I/We agree to keep the Bank indemnified against all liabilities, claims, proceedings, actions and damages in relation to or arising out of the Bank accepting my/our willful request/choosing to discontinue the Transactional Alert Facility. Bank shall not be held responsible for any loss that I/We may suffer due to my/our willful request / choosing for this discontinuation.

 \_\_\_\_\_  
 Account Holder's Signature

 \_\_\_\_\_  
 Account Holder's Signature (In case of Joint)

### For Bank Use Only

We certify that above credentials have been verified and Account holder(s) signatures are verified as per SS Card.

 \_\_\_\_\_  
 Authorized Signatures & IBS #

 \_\_\_\_\_  
 Authorized Signatures & IBS #

### Acknowledgement

We acknowledge receipt of following request(s) from the customer / account holder which will be processed in due course of time.

 Change in Address  Mailing Address Preference  e-SOA  Transactional Alert  ADC Services Update  Other Changes

 \_\_\_\_\_  
 Authorized Signatures

Note: Request for change in CP/Account/ADC records will be accepted only at branches. Account / ADC records update will be executed within 3 working days.