Account Opening Form

(For Individual-Single/Joint)

Taqwa Islamic Banking BOP







Email Address: ای میل ایدیس

For Individual-(Single / Joint) **Application for Account Opening**

درخواست برائے اجراءا کاؤنٹ



Passion Reborn ا کاؤنٹ نمبر Account No: SBP Code: Branch Code: ايس-بي- يي كودُ are required and/or may be required by the bank at any point of time in future, for its own requirements or any other mandatory requirement to open and operate the account that is being requested. I/We further undertake to abide by the rules of The Bank of Punjab Islamic Banking, as amended from time to time governing the conduct and operation of this account. ش اہم، زیر پیننجلی فراہم کردہ تغییلات کی روثنی شردی پینک آف جنوب اسلامی بدنکاری شرہ اکا ؤرٹ محملوانا جا بتاا جا ہتی اچا جے بیں۔ شراہم نے جس اکا ؤرٹ کے اجراء کے لیئے درخواست دی ہے۔ اُس اکا ؤرٹ کے اجراء در جاری رکھنے کے لیئے تمام دستاویزات اورا باستقبل میں بینک کی طرف سے مطلوب ضروری دستاویزات فراہم کروں گاا گیا کریں گے۔ میں اہم اس ا کاؤنٹ کوجاری رکھنے کے لیئے اسلامی بدنکاری کی شرائط وضوالط اور وقا فو قابونے والی ترامیم کی باسداری کاذمہ لیتار کتی ہوں المبلتے ہیں۔ اكاؤنث كي نوعيت TYPE OF ACCOUNT Space For (Please Tick One) (کیایک کوک کریں) Currency of Account اکاؤنٹ کی کرنی Photograph ICD BBA IPL LCY FCY مگە برائے تصویر Please Specify Currency Other____ (صرف فوٹوگراف اکاؤنٹ کیلئے) اكاؤنك كانام TITLE OF (For Photo Accounts Only) ACCOUNT (If required) In Block Letters واتي PERSONAL INFORMATION APPLICANT 1 Name (Mr./Mrs./Ms.): ft __ Father's/Husband Name: والد / فاوتد كا تام ____ Mother's Maiden Name: والده كانام ____ بگر Other کورت Female مرو Male جنس :Gender ____ ازدوا بی حثیت :Marital Status Date of Birth: Date of Majority: Mationality: تربيت المنظم المنطقة المنطق كمهيو ثائز ذشناختى كارذنمبر CNIC No.: غيرمقامي : Resident مقامي | Resident مقامي | Expiry Date _ پاسپورٹ نبر Passport No.: _ Source of Fund: Business Salary Profession Self-Employed Others (Please Specify) رمانش كى تفصيلات RESIDENTIAL DETAILS House No., Block & Street: مكان، بإلك ، گل نمبر Area/Location: رقبراوقوع ____ Residential Status: اَنْ Owned اَنْ اَلَهُ عَدِي
Rented مِنْ Other(Please Specify)
Residing Since: مُتُورُ الله
Residing Since: مُتُورُ الله ______ City: پوش کو گذی Postal Code: پوش کو گذی بر Mobile _____ شیر Telephone #: _____ Correspondence Address: خطوکتابت کے لئے پنة Email Address: ای کیالیٹریس **CATEGORY OF APPLICANT - 1** المريلوخاتون Housewife ملازمت (سرکاری ایرائیویت) Service (Govt./Private) پیشه وارانه Professional برنس Business Other , (Please Specify) کا شتکار Farmer Zakat Applicant 1: 75 Yes Yes * ذاني معلومات PERSONAL INFORMATION APPLICANT 2 Name (Mr./Mrs./Ms.): ot _ _____ Mother's Maiden Name: والده كا تام Father's/Husband Name: والد / فاوند كانام ____ ريكر (Other(Please Specify) كورت Female مرو Male مرو Other(Please Specify) Marital Status: ازدواتی حیثیت _____ Date of Birth: عَرْضُ اللهِ Date of Birth: _____ Date of Majority:_____ _ قريت ِ:Nationality Expiry Date: (For Minor)

(For Minor)

N.T.N.:Optional CNIC No.: كميبوثرائزة شناحتى كارونمبر فيرمقاكي :Non-Resident 🔲 مقاكي Resident 📃 _ پاسپورٹ نبر Passport No.: پاسپورٹ نبر _ تاريخ بيعاد :Expiry Date _ (if applicable) Source of Fund: Business Salary Profession Self-Employed Others (Please Specify) ش کی تفصیلات RESIDENTIAL DETAILS House No., Block & Street: مکان، باک گل نبر Area/Location: رقبرادقوع ____ _____ City: پوٹل کوڈ : Postal Code _____ موبائل نیر: Mobile _____ موبائل نیر: Telephone Correspondence Address: خطوکآبت کے لئے پیتا

BOM Signature			BM Signature
given, documents provided and co	niries perused the relevant docum orroborated with independent so	urces, We/I hereby certifiy that Mi	needed and on the basis of the infomation :/Miss/Mrs/Ms/ies) in interest. (Strikeout which is N.A)
Date:	~	Data Authentication by Name & Initials	
Signature & Employee #		Data Entered By Name & Initials	
Name		Number / Date Data Entered By	
	Admitted By:	Computer Transaction	
Specimen Signature of CNIC:		Specimen Signature of FFICIAL USE ONLY)	CMC:
Specimen Signature of CNIC.		Snaaiman Sianatuwa of	CNIC
I/We am/are fully responsible f Applicant 1	or this change of signature(s).	Applicant 2	
National Identity Card, so pleas	se accept my/our signature(s), a		ne signature(s) on my/our Computerized new account with new signature(s).
		IGNATURE DIFFER FRO	
Name		ام Name	
Applicant's Signature ست دہندہ	وستخط درخواس	Applicant's Signature o	وشخط درخواست دېند
3		4	
Name		Name ot	
Applicant's Signature مت دہندہ	دستخط در حوا	Applicant's Signature o	دستخط درخواس ت دبهند
1	ودیالوا هین كویالوا هین	s ₁ دولول سب ك ق	pecify 🚅 💳
OPERA HONAL INSTR		rivor Both/All F چ دونوں اسب	lease pecify شتر کری
OPERATIONAL INSTR		. Signature of introducer	
CNIC #			
	nere appareume	Account #	
INTRODUCED BY: W	Vhere applicable		
Tele No <u>.: ځلی</u> فوننبر	Res	iding at (Give Complete Address)	
CNIC No: کمپیوٹرازؤشاختی نمبر Optional	R	<u>للرُرس</u> ينين elationship to A/c Holder. رہائش پریز عمل پیشتریزریں)	اكاؤنث ہو
Mr./Mrs/Miss		ولدیت! شوهرکانام S/O, W/O, D/O <u>للرُرس</u> نطق اللُورسة الله درانش یزیر (ممل پیتر تر کرین)	
Next of Kin			
ATM CARD ATM facility	v required? Ves N	e E-BANKING E-han	king facility required? Yes No
Expected Max. Amount per T	ransaction: Rs	Expected No. of T	ransactions/Month:
MODE OF TRANSACTI	ONS: Cash C	nline Transfer Wire Tr	ansfer Others(Please Specify)
Zakat Applicant -2 زكوة			
Farmer Sirible		r گیر (Please <u>Specify)</u>	
CATEGORY OF APPLICAL Service(Govt./Private)		ess برنس Professional	گرېلوغاتون Housewife

^{*}In case of more than two applicants, separate Account Opening Form should be used, which shall be annexed with this form and considered integral part thereof.



Individual – (Single / Joint)

KNOW YOUR CUSTOMER (KYC) APPLICANT -I



-	Branch		Date:	
1. ACCOUNT INFOR	MATION:			
Account #	Cı	ıstomer Name:		
Type of Customer:	☐ Walk In	☐ Marketed	Referred By:	
Public Figure:	☐ Yes	☐ No		
If Yes Please Write Deta	ail			
Purpose of Account:		-	ure Salary Business Transaction	
			.1	
	_	-	sidence No	
Belongs to Non coopera Source of Income:	Business	•	☐ Yes☐ Inheritance☐ Profession	
Source of Income.			ed Others	
Banking Relationships			sent):	
_			Type of A/c	
(Optio				
2. BUSINESS INFOR	RMATION:			
Name of Business:				
Nature of Business:	Manufacturing	☐Trading	☐Wholesales ☐Retail ☐ Others	
Type of Sector/Indus	stry:			
Average Yearly Incom	ne / Sales Rs .		NTN (Optional):	
0 2	<i>'</i> –			
3. SALARIED INDIV			TVIIV (Optional).	
3. SALARIED INDIV	IDUAL:			
3. SALARIED INDIV	IDUAL:		Business of Employer	
3. SALARIED INDIV Name of Employer: # of Years Working	IDUAL:	Current		
3. SALARIED INDIV	IDUAL:	Current	Business of Employer	
3. SALARIED INDIVIOUS Name of Employer: # of Years Working _ Monthly Salary Rs 4. PRODUCT / SERV	IDUAL: VICE USAGE:	Current	Business of Employer Position	
3. SALARIED INDIV Name of Employer: # of Years Working _ Monthly Salary Rs	IDUAL: VICE USAGE: Clearing	Current	Business of Employer	e
3. SALARIED INDIVIOUS Name of Employer:	VICE USAGE: Clearing Transfers	Current	Business of Employer Position Collection Remittance	e
3. SALARIED INDIVIOUS Name of Employer: # of Years Working _ Monthly Salary Rs 4. PRODUCT / SERV _ Cash _ Cross Border Funds	VICE USAGE: Clearing Transfers SACTIONS:	Curren	Business of Employer Position Remittance Others (MAX. AMOUNT)	e
3. SALARIED INDIVIOUS Name of Employer: # of Years Working _ Monthly Salary Rs 4. PRODUCT / SERV Cash Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS	VICE USAGE: Clearing Transfers SACTIONS: (Per Month)	Current	Business of Employer Position Remittance	e
3. SALARIED INDIVIOUS Name of Employer: # of Years Working _ Monthly Salary Rs 4. PRODUCT / SER Cash Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS APPROXIMATE CROSS	VICE USAGE: Clearing Transfers SACTIONS: (Per Month) SBORDER FUN	Current	Business of Employer Position Remittance Collection Remittance Others (MAX. AMOUNT) (Per transaction) (where applicable)	e
3. SALARIED INDIVIOUS Name of Employer: # of Years Working Monthly Salary Rs 4. PRODUCT / SERV Cash Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS #. OF TRANSACTIONS #. OF TRANSACTIONS	VICE USAGE: Clearing Transfers SACTIONS: (Per Month) SBORDER FUN (Per Month)	Current	Business of Employer Position Remittance	e
3. SALARIED INDIVINATIONS Name of Employer: # of Years Working Monthly Salary Rs 4. PRODUCT / SERV Cash Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS #. OF TRANSACTIONS PURPOSE OF DOING IN	VICE USAGE: Clearing Transfers SACTIONS: (Per Month) SBORDER FUN (Per Month)	Current	Business of Employer Position Remittance	e
3. SALARIED INDIVIOUS Name of Employer: # of Years Working Monthly Salary Rs 4. PRODUCT / SERV Cash Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS #. OF TRANSACTIONS #. OF TRANSACTIONS	VICE USAGE: Clearing Transfers SACTIONS: (Per Month) SBORDER FUN (Per Month)	Current	Business of Employer Position Remittance	e
3. SALARIED INDIVINATIONS Name of Employer: # of Years Working Monthly Salary Rs 4. PRODUCT / SERV Cash Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS #. OF TRANSACTIONS PURPOSE OF DOING IN	VICE USAGE: Clearing Transfers SACTIONS: (Per Month) (Per Month) (Per Month)	Current	Business of Employer Position Remittance	e
3. SALARIED INDIVIOUS Name of Employer: # of Years Working _ Monthly Salary Rs 4. PRODUCT / SERV Cash Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS # OF TRANSACTIONS PURPOSE OF DOING IN 5. REVIEW:	VICE USAGE: Clearing Transfers SACTIONS: (Per Month) (Per Month) (Per Month)	Current TOS TRANSFERS FTs:	Business of Employer Position Remittance	e
3. SALARIED INDIVIOUS Name of Employer: # of Years Working _ Monthly Salary Rs 4. PRODUCT / SERV Cash Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS # OF TRANSACTIONS PURPOSE OF DOING IN 5. REVIEW:	VICE USAGE: Clearing Transfers SACTIONS: (Per Month) (Per Month) (Per Month)	Current TOS TRANSFERS FTs:	Business of Employer Position Remittance	e
3. SALARIED INDIVIOUS Name of Employer: # of Years Working _ Monthly Salary Rs 4. PRODUCT / SERV _ Cash _ Cross Border Funds APPROXIMATE TRANS #. OF TRANSACTIONS #. OF TRANSACTIONS PURPOSE OF DOING IN 5. REVIEW:	VICE USAGE: Clearing Transfers SACTIONS: (Per Month) (Per Month) (Per Month)	Current TOS TRANSFERS FTs:	Business of Employer Position Remittance	e

KNOW YOUR CUSTOMER (KYC) APPLICANT -2

		Date:	
	Branch	Account	#:
1. ACCOUNT INFOR	RMATION:		
Joint Account Holder	r Name:		
Relationship with Jo	int Account Holder:		
Name of Beneficial O	wner:		
Public Figure:	☐ Yes ☐ No		
If Yes Please Write Deta	ail		
Purpose of Account:	☐ Saving/Household Expe	nditure 🗌 Salary 🔲	Business Transactions
	☐ Investment ☐ Others _		
🗌 Pakistani 🗌 Non Re	esident (Country)		
If non resident: reason	for banking outside country	of residence	
Belongs to Non coopera	ative Country as listed by FAT	F: Yes No	
Source of Income:	☐ Business ☐ Salary	☐ Inheritance	☐ Profession
	☐ Investment ☐ Self Emp	oloyed Others	
Banking Relationship	ps at other Institutions (Pa	st or Present): 🗌 Yes	☐ No
(If Yes Please explain) Nat	me of Bank& Br	Туре	e of A/c
	(Optional)		
2. BUSINESS INFOR	RMATION:		
	RMATION:		
Name of Business: _		□Wholesales □Retail	☐ Others
Name of Business:	Manufacturing □Trading		
Name of Business:	Manufacturing □Trading	□Wholesales □Retail	
Name of Business:	Manufacturing	□Wholesales □Retail	
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV	ManufacturingTrading stry: ne / Sales Rs TDUAL:	□Wholesales □Retail □NTN (Op	otional):
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV Name of Employer:	ManufacturingTrading stry: ne / Sales Rs IDUAL:	□Wholesales □Retail NTN (Op Business of Employ	otional):
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV Name of Employer: # of Years Working	Manufacturing	□Wholesales □Retail NTN (Op Business of Employment Position	otional):
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV Name of Employer: # of Years Working	ManufacturingTrading stry: ne / Sales Rs IDUAL:	□Wholesales □Retail NTN (Op Business of Employment Position	otional):
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV Name of Employer: # of Years Working Monthly Salary Rs	Manufacturing	□Wholesales □Retail NTN (Op Business of Employment Position	otional):
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV Name of Employer: # of Years Working Monthly Salary Rs 4. REVIEW:	Manufacturing	□Wholesales □Retail NTN (Op Business of Employ rent Position	ver
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV Name of Employer: # of Years Working Monthly Salary Rs 4. REVIEW:	Manufacturing	□Wholesales □Retail NTN (Op Business of Employ rent Position	ver
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV Name of Employer: # of Years Working Monthly Salary Rs 4. REVIEW:	Manufacturing	□Wholesales □Retail NTN (Op Business of Employ rent Position	ver
Name of Business: Nature of Business: Type of Sector/Indus Average Yearly Incom 3. SALARIED INDIV Name of Employer: # of Years Working Monthly Salary Rs 4. REVIEW:	Manufacturing	□Wholesales □Retail NTN (Op Business of Employ rent Position	ver

Note: The officer taking KYC information and BM/ BOM shall be responsible for ensuring the completeness of information.

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