

Account Opening Form

(For Individual-Single/Joint)

Taqwa Islamic Banking BOP

CATEGORY OF APPLICANT -2

☐ Service(Govt./Private) (ملازمت/سرکاری/پرائیویٹ) ☐ Business برنس ☐ Professional پیشہ وارانہ ☐ Housewife گھریلو خاتون
☐ Farmer کاشتکار ☐ Other دیگر (Please Specify) _____

Zakat Applicant -2 زکوٰۃ

☐ Yes ☐ No _____

MODE OF TRANSACTIONS:

☐ Cash ☐ Online Transfer ☐ Wire Transfer ☐ Others (Please Specify) _____

Expected Max. Amount per Transaction: Rs. _____ Expected No. of Transactions/Month: _____

ATM CARD

ATM facility required? ☐ Yes ☐ No

E-BANKING

E-banking facility required? ☐ Yes ☐ No

Next of Kin

Mr./Mrs/Miss. _____ ولدیت/شوہر کا نام
S/O, W/O, D/O _____

CNIC No: _____ کپیٹرائزڈ شناختی نمبر _____ Relationship to A/c Holder اکاؤنٹ ہولڈر سے تعلق
Optional (مکمل پتہ تحریر کریں)

Tele No.: _____ ٹیلی فون نمبر _____ Residing at (Give Complete Address) _____

INTRODUCED BY:

Where applicable

Name: _____ Account # _____

CNIC # _____ Signature of Introducer _____

OPERATIONAL INSTRUCTIONS آپریشنل ہدایات

☐ Singly by انفرادی _____ ☐ Either or Survivor خود یا لواحقین _____ ☐ Both/All دونوں اسب _____ ☐ Please specify منتخب کریں _____

1 Applicant's Signature دستخط درخواست دہندہ Name نام	2 Applicant's Signature دستخط درخواست دہندہ Name نام
3 Applicant's Signature دستخط درخواست دہندہ Name نام	4 Applicant's Signature دستخط درخواست دہندہ Name نام

UNDERTAKING IF SPECIMEN SIGNATURE DIFFER FROM CNIC

I/We have appended the signature(s) on Account Opening Form, which is/are different from the signature(s) on my/our Computerized National Identity Card, so please accept my/our signature(s), as I/We want to operate my/our new account with new signature(s).
I/We am/are fully responsible for this change of signature(s).

Applicant 1

Applicant 2

Specimen Signature of CNIC: _____ Specimen Signature of CNIC: _____

(FOR OFFICIAL USE ONLY)

Account Admitted By:		Computer Transaction Number / Date	
Name		Data Entered By Name & Initials	
Signature & Employee #		Data Authentication by Name & Initials	
Date:			

CERTIFICATE

We have made all necessary enquiries perused the relevant documents/obtained copies thereof were needed and on the basis of the information given, documents provided and corroborated with independent sources, We/I hereby certify that Mr./Miss/Mrs/Ms/ _____ is/are eligible to be our account holders and that he/she/they is/are the beneficial owners/real party (ies) in interest. (Strikeout which is N.A)

BOM Signature

BM Signature

*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.

_____ Branch

Date: _____

1. ACCOUNT INFORMATION:

Account # _____ Customer Name: _____

Type of Customer: ☐ Walk In ☐ Marketed Referred By: _____

Public Figure: ☐ Yes ☐ No

If Yes Please Write Detail _____

Purpose of Account: ☐ Saving/Household Expenditure ☐ Salary ☐ Business Transactions
☐ Investment ☐ Others _____

☐ Pakistani ☐ Non Resident (Country) _____

If non resident: reason for banking outside country of residence _____

Belongs to Non cooperative Country as listed by FATF: ☐ Yes ☐ No

Source of Income: ☐ Business ☐ Salary ☐ Inheritance ☐ Profession
☐ Investment ☐ Self Employed ☐ Others _____

Banking Relationships at other Institutions (past or present): ☐ Yes ☐ No

(If Yes Please Write) Name of Bank& Br. _____ Type of A/c _____
(Optional)

2. BUSINESS INFORMATION:

Name of Business: _____

Nature of Business: ☐ Manufacturing ☐ Trading ☐ Wholesales ☐ Retail ☐ Others _____

Type of Sector/Industry: _____

Average Yearly Income / Sales **Rs.** _____ NTN (Optional): _____

3. SALARIED INDIVIDUAL:

Name of Employer: _____ Business of Employer _____

of Years Working _____ Current Position _____

Monthly Salary **Rs.** _____

4. PRODUCT / SERVICE USAGE:

☐ Cash ☐ Clearing ☐ Collection ☐ Remittance

☐ Cross Border Funds Transfers ☐ Others _____

APPROXIMATE TRANSACTIONS:

#. OF TRANSACTIONS (Per Month) _____ (MAX. AMOUNT) _____
(Per transaction)

APPROXIMATE CROSS BORDER FUNDS TRANSFERS: (where applicable)

#. OF TRANSACTIONS (Per Month) _____ (MAX. AMOUNT) _____
(Per transaction)

PURPOSE OF DOING INTERNATIONAL FTs: _____

5. REVIEW:

OVERALL RISK CLASSIFICATION: ☐ Low ☐ Medium ☐ High

OFFICER
(Signature, Name) & Date

BM/BOM
(Signature, Name) & Date

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

**KNOW YOUR CUSTOMER (KYC)
APPLICANT -2**

Date: _____

_____ Branch

Account #: _____

1. ACCOUNT INFORMATION:

Joint Account Holder Name: _____

Relationship with Joint Account Holder: _____

Name of Beneficial Owner: _____

Public Figure: ☐ Yes ☐ No

If Yes Please Write Detail _____

Purpose of Account: ☐ Saving/Household Expenditure ☐ Salary ☐ Business Transactions

☐ Investment ☐ Others _____

☐ Pakistani ☐ Non Resident (Country) _____

If non resident: reason for banking outside country of residence _____

Belongs to Non cooperative Country as listed by FATF: ☐ Yes ☐ No

Source of Income: ☐ Business ☐ Salary ☐ Inheritance ☐ Profession

☐ Investment ☐ Self Employed ☐ Others _____

Banking Relationships at other Institutions (Past or Present): ☐ Yes ☐ No

(If Yes Please explain) Name of Bank& Br. _____ Type of A/c _____

(Optional)

2. BUSINESS INFORMATION:

Name of Business: _____

Nature of Business: ☐ Manufacturing ☐ Trading ☐ Wholesales ☐ Retail ☐ Others _____

Type of Sector/Industry: _____

Average Yearly Income / Sales **Rs.** _____ NTN (Optional): _____

3. SALARIED INDIVIDUAL:

Name of Employer: _____ Business of Employer _____

of Years Working _____ Current Position _____

Monthly Salary **Rs.** _____

4. REVIEW :

OVERALL RISK CLASSIFICATION:

☐ Low

☐ Medium

☐ High

OFFICER

(Signature, Name) & Date

BM/BOM

(Signature, Name) & Date

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

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