

Account Opening Form

(For Business / Organizations)

Taqwa Islamic Banking BOP

Branch: برانچ	Account No: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: black;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: black;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; background-color: black;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
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I/We, the undersigned; apply to open an account with The Bank of Punjab Islamic Banking as per detail specified hereunder. I/We agree to provide all documents that 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.

ابن اہم، زبردستی فراہم کردہ تعلیمات کی روشنی میں یہ بینک آف پیغام اسلامی بینکاری میں اکاؤنٹ کھلوانا جتنا چاہتی ہے۔ میں اہم نے جب اکاؤنٹ کے اجراء کے لیے درخواست دی ہے۔ اس اکاؤنٹ کے اجراء اور جاری رکھنے کے لیے حرام سود و زیورات اور اس مسئلہ میں بینک کی طرف سے مطلوب ضروری دستاویزات فراہم نہ کر سکا گا / کر رہے۔ میں ہم اس اکاؤنٹ کو جاری رکھنے کے لیے اسلامی بینکاری کی شرائط و احوال اور حقائق قانونی و مالی تہمید کی پاسداری کا ذمہ لیتی ہوں / لے رہی ہوں۔

TYPE OF ACCOUNT اکاؤنٹ کی نوعیت ☐ ICD ☐ Other _____

Currency of Account اکاؤنٹ کی کرنسی ☐ LCY ☐ FCY _____

Please Specify Currency

TYPE OF ENTITY (Please Tick One)

☐ Sole Proprietorship ☐ Partnership ☐ Private Limited Company ☐ Public Limited Company ☐ Clubs/Societies/Trust ☐ Other(Please Specify)

Space For Photograph

جگہ برائے تصویر

(صرف فوٹو گراف اکاؤنٹ کیلئے)
(For Photo Accounts Only)

(If required)

TITLE OF ACCOUNT اکاؤنٹ کا نامCORPORATE ACCOUNT

(In Block Letters)

Name: _____

Registered Office Address: رجسٹرڈ دفتری پتہ _____

Correspondence Address: خط و کتابت کے لئے یہ: _____

EmailAddress: ای میل انڈریس _____ Telephone: فون نمبر _____ Fax: فیکس _____

NTN : _____ Date & Place of Incorporation: _____

Nature of Business: ☐ کلاں کی نوعیت ☐ Manufacturing ☐ Construction ☐ Import ☐ Export ☐ Trade ☐ Other

Source of Fund: if other than Business

MODE OF TRANSACTIONS: ☐ Cash ☐ Online Transfer ☐ Wire Transfer ☐ Others(Please Specify)

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

PERSONAL INFORMATION APPLICANT 1 ذاتی معلومات

Name (Mr./Mrs./Ms.): _____ (As per CNIC & in block letter)

Father's/Husband Name: والد / خاوند کا نام _____ Mother's Maiden Name: والدہ کا نام _____

Marital Status: ازدواجی حیثیت _____ Gender: جنس ☐ Male مرد ☐ Female عورت ☐ Other (Please Specify) دیگر _____

Nationality: قومیت _____ Date of Birth: تاریخ پیدائش _____ Place of Birth: _____

[illegible]

CNIC No.: _____ **Expiry Date:** _____ **N.I.N.: Optional** _____

Passport No. : _____ **Expiry Date:** _____ ☐ **Resident:** / _____ ☐ **Non-Resident:** / _____

Passport No.: _____ Expiry Date: _____
☐ Resident. ☐ Non-Resident.
 (if applicable)

PERSONAL INFORMATION APPLICANT 2: **معلومات شخصية المتقدم 2:**

PERSONAL INFORMATION ATTENDANT 2000

Name (Mr./Mrs./Ms.): _____ (As per CNIC & in block letters)
 Father's/Husband Name: _____ Mother's Maiden Name: _____

Marital Status: ☒ Single ☐ Married ☐ Divorced ☐ Widowed

Nationality: قومیّت _____ Date of Birth: تاریخ پیدائش _____ Place of Birth: _____

Date of Birth: تاریخ پیدائش: Place of Birth:
 کیمپو ڈائریکشن سائنس کالج ڈاکٹر تاریخ پیدائش: Place of Birth:

[illegible]

Passport No.: پاسپورٹ نمبر _____ Expiry Date: تاریخ میعاد _____ ☐ Resident: مقای ☐ Non-Resident: غیر مقای
(if applicable)

(If applicable)

ZAKAT زكاة ☐ Yes ☐ No _____ *Please Provide Certificate*

ATM CARD (For sole proprietor only)

ATM CARD (For sole proprietor only) **E-BANKING**

ATM facility required? ☐ Yes ☐ No

E-banking facility required? ☐ Yes ☐ No

INTRODUCED BY: *Where applicable*

Name: _____ Account # _____
CNIC # _____ Signature of Introducer _____

OPERATIONAL INSTRUCTIONS آپریشنل ہدایات

☐ Singly by انفرادی _____ ☐ Both/All دونوں/سب _____ ☐ Please منتخب کریں specify _____

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

(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 hereby certify that M/s _____ are eligible to be our account holder(s).

BOM Signature BM Signature

DECLARATION FOR PROPRIETORSHIP CONCERN

I declare that I am the sole proprietor (and beneficial owner) of trading concern/firm known as M/s _____ and that all dealing and transaction are being entered into by me as its sole proprietor. No other party or individual is sharing in my business. I also undertake to inform you of any change in the business constitution.

DECLARATION FOR PARTNERSHIP

As the firm of _____
We confirm that we are partners (and beneficial owners) in the firm, in whose name this account is being opened. Each of us will be jointly and severally liable to the Bank for all the liabilities owed by the firm to your bank at any time and from time to time. Your Bank may recover its dues jointly and severally from the assets of any or all the partner. whenever there is any change in our partnership, we undertake to immediately inform you in writing. Our individual liability for the dues of the firm will continue until we receive written confirmation from the Bank that all the liabilities of the firm are fully discharged. In the event of death of any partner, the estate of the deceased partner will be liable for the liabilities owing by the firm to the Bank, incurred until you are notified of his death.

_____ Name & Signature	_____ Name & Signature	_____ Name & Signature
_____ Name & Signature	_____ Name & Signature	_____ Name & Signature

_____ Branch

Date: _____

Account # _____

ACCOUNT INFORMATION

Account Title: _____

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

Public Figure: (for sole proprietor only) ☐ Yes ☐ No

If Yes please write detail _____

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

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

Purpose of Account - Describe what the client will use the account or product for in detail:

Parent Company / Group Name: _____

Other Companies of Group: _____

LIST NAMES, COUNTRY OF LEGAL RESIDENCE AND PERCENTAGE OF OWNERSHIP:

Owner Name	CNIC #	Nationality	Country of Legal Residence	% Ownership

LEGAL REPRESENTATIVE PERSON (NAME, TELEPHONE AND POSITION):

Name	Relationship with Client	Position	Telephone #

DESCRIPTION OF BUSINESS OPERATIONS:

Nature of Business: ☐ Manufacturing ☐ Construction ☐ Import ☐ Export ☐ Services ☐ Wholesale
☐ Retail ☐ Others

Type of Industry/Sector: _____

Number of Employees working: _____

Date of business establishment: _____ **Annual Turn Over Rs.** _____

NAMES AND LOCATIONS OF MAJOR CUSTOMERS/SUPPLIERS:

	NAME(s) & ADDRESS(es)	LOCATION(s)
Locally:		
Country wide:		
Internationally:		

PRODUCT / SERVICE USAGE:

- ☐ Cash ☐ Clearing ☐ Collection ☐ Remittance ☐ Cross Border Funds Transfers
☐ Other (Please specify) _____

TRANSACTIONS PROFILE:

Types of Transactions	# of transactions per Month	Maximum amount per transaction
Cash		
Cheque (Outward-Clearing/Collection)		
Cheque (Inward-Clearing/ Collection)		
Internal Transfer		
Online Transfer		
Cross Border Funds Transfers *		

*PURPOSE OF DOING INTERNATIONAL FTs: _____

REVIEW:

OVERALL RISK CLASSIFICATION:

- ☐ Low ☐ Medium ☐ High

OFFICER

(Sig. and Name) & Date

BM/BOM

(Sig. and Name) & Date

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