



Branch

Grain Market Sahiwal (1514)

F-65 (Revised 2016)

Date: تاریخ

SPECIMEN SIGNATURE CARD

نمونہ دستخط کارڈ

Title of Account اکاؤنٹ کا نام

Account No. اکاؤنٹ نمبر

TYPE OF ACCOUNT

اکاؤنٹ کی قسم

(Please Specify) دیگر (ازراہ کرم بیان کریں)

OPERATIONAL INSTRUCTIONS

انتظامی ہدایات

 Self واحد مجاز Jointly (All Applicants)

مشترکہ طور پر (تمام درخواست دہندگان)

 Either or Survivor ہم میں سے کوئی ایک Mandate Holder حاصل تولیت Any One of Us کوئی بھی ایک یا باقی ماندہ Any two of Us ہم میں سے کوئی دو

Other (Please Specify) دیگر (ازراہ کرم بیان کریں)

Name نام

Mobile No. موبائل نمبر

Name نام

Mobile No. موبائل نمبر

Name نام

Mobile No. موبائل نمبر

Specimen Signature نمونہ دستخط

Specimen Signature نمونہ دستخط

Specimen Signature نمونہ دستخط

For Business/Govt. Affix Rubber Stamp

بزنس/گورنٹ کیلئے ریڈ اسٹامپ لگائیں

For Business/Govt. Affix Rubber Stamp

بزنس/گورنٹ کیلئے ریڈ اسٹامپ لگائیں

For Business/Govt. Affix Rubber Stamp

بزنس/گورنٹ کیلئے ریڈ اسٹامپ لگائیں

Caution: 1. Unused boxes to be marked "VOID" 2. Business/Govt. Stamp shall not overlap Customer's Specimen Signature
3. Customer's Specimen Signatures must be closed with Red ink only and avoid any other marking & Bank's stamp

3. صارف کے نمونہ دستخط صرف سرخ سیاہی سے ہی مکمل ہونے چاہئیں، بینک اسٹامپ اور دیگر دوسری مارکنگ سے حتی الامکان گریز کریں

2. بزنس/گورنٹ اسٹامپ صارف کے نمونہ دستخط کے اوپر نہیں ہونا چاہیے

1. غیر استعمال شدہ بکس پر "منسوخ" درج کریں

FOR BANK USE ONLY صرف بینک کے استعمال کیلئے

Signed Before Me میری موجودگی میں دستخط شدہ

Manager مینجر

Name & Signature نام اور دستخط

Date: تاریخ



CRS SELF CERTIFICATION FORM
(FOR INDIVIDUALS and SOLE-PROPRIETORS)

New Account Classification

Change in Circumstances

Section A. Identification Information	
Name of Account Holder:	Account Number:
Residence Address:	CIF Number:
	Date of Birth:
	Country of Birth:
City/State:	Contact No. (Pakistan):
Country:	Contact No. (Other than Pakistan):

Section B. Tax Residence Information (Other than Pakistan and USA)			
No.	Country / Jurisdiction of Tax Residence	Tax Identification Number (TIN)	If no TIN is available, enter Reason
1			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *
2			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *
3			<input type="checkbox"/> Non issuing country <input type="checkbox"/> Not requested/ disclosed by tax authority <input type="checkbox"/> Not acquired, please provide reason *

* Please provide reason for TIN "Not acquired"

Note: If you are a tax resident of more than three countries, please use a separate / additional sheet

Section C. Applicant Confirmation
I hereby confirm that the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for National Bank of Pakistan or any of its affiliates, subsidiaries (including branches) (collectively "the Bank") to share my information with domestic or overseas regulators or tax authorities where necessary/ applicable to establish my tax liability in any jurisdiction. I also agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.
Signature of Applicant:
Date:

Note: Each account holder/beneficial owner/guardian (for minor) will individually sign the self-certification form.

Section D. Branch Authorisation	
We confirm that the responses of the applicant(s) have been cross verified against information provided by them in the Account Opening Form and during the KYC process and that no discrepancy has been found therein.	
Name of Branch Account Opening Officer:	Signature
Date:	
Name of Branch Manager:	Signature
Date:	



قاری بینکار پاکستان

Foreign Account Tax Compliance Act (FATCA) Checklist (For Individuals & Sole Proprietors)

Date:

New Account Classification Change in Circumstances of existing account

Account Title Account Number

Section A. Customer Type (please indicate as applicable)

- Individual/ Sole Proprietor Please use Applicant 1 column to provide your responses.
- Minor In case of Account of Minor, please use Applicant 1 column for Minor and Applicant 2 column for Guardian.
- Joint Please use separate column for each joint account applicant, use additional checklist if more than 2 applicants.

Section B. Beneficial Ownership (please indicate as applicable)

- Self Please use Applicant 1 column to provide your responses.
- Other Please use Applicant 1 column for Account Holder and Applicant 2 column for Beneficial Owner.

Section C. FATCA Status Information

	Applicant 1	Applicant 2
Name of Applicant As per instructions given in Customer Type & Beneficial Owner Section above		
1. Are you a U.S. Citizen, a U.S. Green Card Holder or a U.S. Resident? ¹ • If Yes: Provide Form W-9 and proceed to Section D below. • If No: Proceed to Next Question.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were you born in the U.S.? • If Yes: Provide Form W-9 and proceed to Section D below. • If Yes: But you claim being a non-U.S. person, please provide (i) Certificate/ Written Explanation of Revocation of U.S. Nationality (ii) A non-U.S. passport (iii) Signed Form W-8BEN. • If No: Proceed to Next Question.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a U.S. address or telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you assigning signatory authority to a person with a U.S. address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you aware of any other information that may indicate U.S. links? Including U.S. source of funds/ income, U.S. nationality, residence status of authorised signatory/ mandate holder, expected remittances to/ from U.S. etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Questions 3, 4 and 5 above: • If Yes and you accept being a U.S. person: Provide Form W-9 and proceed to Section D below. • If Yes and you claim being a non-U.S. person: Provide an ID Document showing your permanent address (which should not be a U.S. address), OR provide Form W-8BEN & proceed to section D. • If No: No FATCA documentation required; proceed to Section D below.		

Section D. Applicant Confirmation (to be filled by all applicants)

I hereby confirm that the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for National Bank of Pakistan or any of its affiliates, subsidiaries (including branches) (collectively, 'the Bank') to share my information with domestic or overseas regulators or tax authorities where necessary/ applicable to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. I also agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.

Signature of Applicant(s)

Applicant 1	Applicant 2

Date:

¹ A person may be a U.S. resident if the person was present for the period of 183 days or more during the current and last two preceding years. For further details, please refer to Taxful Questioning guidelines.



For Bank's Use Only

FATCA Documentation Checklist

Applicant 1

Applicant 2

Person with U.S. citizenship/ U.S. Green Card/ U.S. residence Form W-9

Person born in U.S. Form W-9

Person born in U.S. but claims being a Non-U.S. person Form W-8BEN;

Certificate/ Written Explanation of Revocation of U.S. Nationality; and A non-U.S. passport

Person with U.S. address/ Telephone number/ U.S. signatory/ Other U.S. links (accepts being a U.S. person) Form W-9

Person with U.S. address/ Telephone number/ U.S. signatory/ Other U.S. links (claims being a Non-U.S. person) Form W-8BEN; OR

ID Document showing permanent address (which should not be a U.S. address)

Other document/ U.S. withholding certificate provided by the customer to support a claim (if applicable) Form W-8ECI (claim that income is effectively connected with trade or business within the U.S.)

Form 8233/ W-4 (Claim that applicant is receiving compensation for personal services performed in U.S.)

Form W-8IMY (Claim that the person is acting as an Intermediary)

No FATCA Documentation Required

FATCA Classification of Applicants

Applicant 1

Applicant 2

1. U.S. Person;

- Applicant responds 'Yes' to S. No. 1 (Section C); or
Applicant responds 'Yes' to any question from S. No. 2 to S. No. 5 (Section C) and accepts being a U.S. person.

U.S. Tax Identification No. (TIN); U.S. Social Security No. (SSN), Individual Taxpayer Identification No. (ITIN) or U.S. Employer Identification No. (EIN) as mentioned in Form W-9 provided by the customer.

2. Non-U.S. Person;

- Applicant responds 'No' to all questions from S. No. 1 to S. No. 5 (no documentation required); or
Applicant responds 'Yes' to any question from S. No. 2 to 5, claims being a non-U.S. person & provides required documentation (as per section C).

3. Recalcitrant;

Applicant refuses to provide required documentation (as per section C) or refuses to provide confirmation (as per section D).

FATCA Classification of Account

- U.S. Account Any of the applicant has been classified as U.S. person.
Non-U.S. Account All of the applicants have been classified as non-U.S. person.
Recalcitrant Account Any applicant has been marked as recalcitrant (Account cannot be opened).

Branch Authorisation

We confirm that the responses of the applicant(s) to checks in Section C have been cross verified against information provided by them in the Account Opening Form and during the KYC process and that no discrepancy has been found therein. We also confirm that duly signed and completed FATCA Documentation has been obtained from ALL applicants as established through Section C and marked above. Moreover, each applicant has been classified and accordingly the account status has been marked above.

Account Opening Officer

Operations Manager/ Branch Manager

Signature:

Date:

1. Date:	2. Region:	3. Branch:	4. A/c No.:	5. Currency: <input type="checkbox"/> Local <input type="checkbox"/> Foreign	
Grain Market Sahiwal (1514)					
6. Title of Account:					
7. Identity Document		<input type="checkbox"/> SNIC	<input type="checkbox"/> CNIC	<input type="checkbox"/> NICOP	
		<input type="checkbox"/> POC	<input type="checkbox"/> ARC	<input type="checkbox"/> Passport (for foreign Nationals only)	
8. Identity Number					
9. Expiry Date of Identity Document (dd/mm/yyyy)					
10. Current Residential Address:					
11. Customer Type (Tick the appropriate box) (*High Risk Accounts, as per SBP Instructions)	Individual	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Salaried - Private	<input type="checkbox"/> Student	
		<input type="checkbox"/> Unemployed	<input type="checkbox"/> Salaried - (Govt./Semi Govt.)	<input type="checkbox"/> Non Resident (*)	
		<input type="checkbox"/> Joint	<input type="checkbox"/> Housewife (*)	<input type="checkbox"/> Landlord / Landlady (*)	
	Entity	<input type="checkbox"/> Minor	<input type="checkbox"/> Retired Person	<input type="checkbox"/> Others (specify):	
		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Branch / Liaison Office of Foreign Companies	<input type="checkbox"/> Executor / Administrator	
		<input type="checkbox"/> Registered Partnership	<input type="checkbox"/> Unregistered Partnership	<input type="checkbox"/> Government Institution (Federal / Provincial / Local)	
		<input type="checkbox"/> Company / Corporation	<input type="checkbox"/> Foreign Missions / Diplomatic offices	<input type="checkbox"/> Association (*)	
		<input type="checkbox"/> Club (*)	<input type="checkbox"/> Society (*)	<input type="checkbox"/> NGO / NPO / Charities (*)	
		<input type="checkbox"/> Trust (*)	<input type="checkbox"/> Agent Account	<input type="checkbox"/> Others (specify):	
		<input type="checkbox"/> Salary	<input type="checkbox"/> Pension	<input type="checkbox"/> Personal Saving	
12. Purpose of Account (Could be multiple)	Individual	<input type="checkbox"/> Business / Self employed	<input type="checkbox"/> Stocks / Investment	<input type="checkbox"/> Agriculture	
		<input type="checkbox"/> Home Remittance	<input type="checkbox"/> Property Rent	<input type="checkbox"/> Others (specify):	
	Entity	<input type="checkbox"/> Business	<input type="checkbox"/> Foreign Remittance	<input type="checkbox"/> Charity & Donation payments / collection	
		<input type="checkbox"/> Government Transaction	<input type="checkbox"/> Stocks / Investment Income	<input type="checkbox"/> Agricultural Income	
13. Sources of Funds (Could be multiple)	Individual	<input type="checkbox"/> Agricultural Income	<input type="checkbox"/> Business Income	<input type="checkbox"/> Dividends	
		<input type="checkbox"/> Home Remittance	<input type="checkbox"/> Property	<input type="checkbox"/> Salary	
		<input type="checkbox"/> Pension	<input type="checkbox"/> Services	<input type="checkbox"/> Stock / Investment / FX Trading	
		<input type="checkbox"/> Tuition Fees	<input type="checkbox"/> Import / Export Proceeds	<input type="checkbox"/> Local Trading	
		<input type="checkbox"/> Rental Income	<input type="checkbox"/> Royalty Income	<input type="checkbox"/> Support from parent / spouse / other family	
		<input type="checkbox"/> Interest Income	<input type="checkbox"/> Others (specify):		
	Entity	<input type="checkbox"/> Agricultural Income	<input type="checkbox"/> Business Income	<input type="checkbox"/> Dividends	
		<input type="checkbox"/> Donations	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Stock / Investment	
		<input type="checkbox"/> Equity / FX Trading	<input type="checkbox"/> Import / Export Proceeds	<input type="checkbox"/> Local Trading	
		<input type="checkbox"/> Govt. funds	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Royalty Income	
14. Normal Mode of Transaction (Could be multiple)		<input type="checkbox"/> Cash Deposit / Withdrawal	<input type="checkbox"/> Online	<input type="checkbox"/> Remittances	
		<input type="checkbox"/> Clearing	<input type="checkbox"/> Collection	<input type="checkbox"/> Others (specify):	
15. Expected Monthly Turnover		No. of Debit Transactions	PKR Equivalent Amount of Debit Transactions (000)	No. of Credit Transactions	
				PKR Equivalent Amount of Credit Transactions (000)	
16. (a) Nationality		<input type="checkbox"/> Pakistani	<input type="checkbox"/> Others (specify)	In case of multiple nationalities, mention all nationalities:	
17. (b) Residence		<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	In case of Non-Resident, mention the country of Residence:	
18. Politically Exposed Person (PEP)		<input type="checkbox"/> Yes (give the following details)		<input type="checkbox"/> No	
		Nature: <input type="checkbox"/> Self	<input type="checkbox"/> Linked to a PEP		
		Specify (Position/Status):		Specify (Relationship with PEP):	
		Describe all Sources of Income and wealth:			
19. Beneficial Ownership		<input type="checkbox"/> Self	<input type="checkbox"/> Others (Complete the details on page 2 of this form)		
20. Expected Types of Counter Parties (Could be multiple)		<input type="checkbox"/> FI	<input type="checkbox"/> Govt. Entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company
		<input type="checkbox"/> NGO / NPO	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Others (specify):
21. Geographies Involved (Places) of Counter Parties (Could be multiple)		Within Pakistan			Outside Pakistan
		<input type="checkbox"/> Sindh	<input type="checkbox"/> Punjab	<input type="checkbox"/> KPK	<input type="checkbox"/> Baluchistan
		<input type="checkbox"/> AJK	Mention Country Name:		

NBP KYC / CDD Form Grain Market Sahiwal (1514)

Please provide Details of Beneficial Owners – Individual Account			
1. Name of the Beneficial Owner:		2. Relationship with the customer:	
3. Address of the Beneficial Owner:			
4. (a) Nationality	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Others (specify)	In case of multiple nationalities, mention all nationalities:
4. (b) Residence	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	In case of Non-Resident, mention the country of Residence:
5. Identity Document	<input type="checkbox"/> SNIC	<input type="checkbox"/> CNIC	<input type="checkbox"/> NICOP
	<input type="checkbox"/> POC	<input type="checkbox"/> ARC	<input type="checkbox"/> Passport (for foreign Nationals only)
6. Identity Number			
7. Expiry Date of Identity Document (dd/mm/yyyy)			
8. Source of Funds	<input type="checkbox"/> Salaried	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Rental Income <input type="checkbox"/> Business (specify Line of Business):

Please provide Details of Beneficial Owners – Entity Account (Beneficial Owners having Direct/Indirect shareholding of 20% and more)							
Name of beneficial Owner(s)	Identity Document	Identity Number	Expiry Date of Identity Document	Place of Birth	Is beneficial owner U.S Person / Citizen**?		Percentage of Ownership
					Yes	No	

** U.S Person means U.S Citizen, Resident, Green Card holder or U.S entities (corporations, partnerships, trusts etc) and U.S owned foreign entities i.e., any entity which is substantially owned, directly or indirectly more than 20% by the U.S person(s).

Comments:-	
PREPARED BY:	CHECKED BY:
Name	
Designation:	
Signature:	
Date:	

PEP IDENTIFICATION FORM

Annexure-I

 Initial KYC /CDD Periodic Review

1. Account /opening Date:	2. Region:	3. Branch:	4. A/c No.:	5. CIF Nb:
6. Title of Account:	Grain Market Sahiwal (1514)			<input type="checkbox"/> New to Bank <input type="checkbox"/> Existing to Bank
7. Name of Individual (If Title of A/c is other than Individual)				<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then tick anyone of the following) <input type="checkbox"/> President <input type="checkbox"/> Prime Minister <input type="checkbox"/> Governor <input type="checkbox"/> Federal Minister <input type="checkbox"/> Minister of State <input type="checkbox"/> Provincial Minister <input type="checkbox"/> Chief Minister <input type="checkbox"/> Senior Civil Servant <input type="checkbox"/> Advisors to President /Prime Minister/Governor/Chief Minister <input type="checkbox"/> Deputy/Assistant Minister for Federal Ministries (Specify Position with department) _____
9. Is the customer high ranking Government Official?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then tick anyone of the following) <input type="checkbox"/> National Assembly Member <input type="checkbox"/> Senator <input type="checkbox"/> Provincial Assembly Member <input type="checkbox"/> Chairman / Head of Political Party <input type="checkbox"/> Key Member of a Political Party (Specify Constituency / Political affiliation) _____			
10. Is the customer member of a legislative assembly?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then tick anyone of the following) <input type="checkbox"/> Civil Judge - Judicial Magistrates Court <input type="checkbox"/> Special Tribunal and Board <input type="checkbox"/> Head of Government Prosecutorial Office <input type="checkbox"/> Attorney General or equivalent (Specify Position with name of Entity) _____			
11. Is the customer, having any position as Judicial officials?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then tick anyone of the following) <input type="checkbox"/> City Nazim / Mayor <input type="checkbox"/> Head of Central Bank <input type="checkbox"/> Head of Regulatory authorities/ Local Bodies (SBP, SECP, PEMRA, OGRA, etc.) <input type="checkbox"/> Senior Civil Servant heading departments (National/Federal/ District level) (Specify Position with name of Entity) _____			
12. Does the customer hold Prominent Public Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then tick anyone of the following) <input type="checkbox"/> Ambassador <input type="checkbox"/> Senior Embassy and Consulate Staff (Specify Position with name of Embassy/Consulate) _____			
13. Is the customer a Diplomat?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then tick anyone of the following) <input type="checkbox"/> General/Admiral/ Air Marshall(equivalent) <input type="checkbox"/> Other high ranking officer in the armed forces (Brigadier,Commodore or other equivalent) (Specify Position with name of Armed Force) _____			
14. Is the customer a high ranking Military Official?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then tick anyone of the following) <input type="checkbox"/> Member of the management <input type="checkbox"/> Member of the Supervisory boards/ Board of Director (Specify Position with name of employer) _____			
15. Does customer hold any Senior position in State Owned Enterprises/Corporations/ Autonomous body?				



Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions either domestically/foreign country/ international organization. For example; Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations/ department/autonomous bodies, includes immediate family member or known close associate of an individual who entrusted with prominent public function.

16. Is the customer an high ranking Officials in International Organizations? E.g.,: (United Nations, World Bank, European Union, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then tick anyone of the following) <input type="checkbox"/> Head of Large International Organization <input type="checkbox"/> Board of Director <input type="checkbox"/> Management team member of the International organization (Specify Position with name of employer) _____
17. Is the customer member of ruling families?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then specify the position) (Specify Position) _____
18. Is the customer immediate family member / close associate (*) to any of the above classification?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, then fill the following) Relevant Section No./ Classification to be mentioned _____ Name of the immediate family member / close associate _____ Relationship with the immediate family member / close associate _____ <small>* PEP includes immediate family member or known close associate of an individual who entrusted with prominent public function – (Heads of State or of government, senior politicians, senior government, judicial or military officials, and senior executives of state owned corporations/ department/autonomous bodies).</small>
19. PEP Identified	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill the field # 20 & onwards

Note: Based on the above assessments, if the Individual falls in the category of PEP, then the Title of Account (Individual / Entity / Partner / Trust / Company) will automatically be categorized as PEP.

20. What is the Source of wealth of customer (PEP) ?	
21. What is the percentage of shareholding of customer (PEP) in Corporation/ Enterprises?	
22. What is the period and country of the customer (PEP) where he held senior position?	

Declaration: It is hereby affirmed that the above information has taken from customer during interview or any other source.

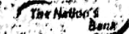
Prepared by		Reviewed & Approved by (Not less than: BM)	
Name		Name	
Date:		Date:	
Signature		Signature	

Note: Interview should be conducted for all type of accounts as per Annexure –I of AML/CFT Guidelines.
 Hard copy of this PEP identification form (duly filled & signed) should invariably be retained at the Branch along with KYC/ CDD Form & Account Opening Form for Audit Trail purpose.
 * If customer is identified as PEP or Linked to a PEP, an approval will be required from Compliance Group.



NBP Asaan Account Opening Form

آسان اکاؤنٹ کھولنے کی درخواست



National Bank of Pakistan

درخواست برائے نیو اکاؤنٹ

Date: تاریخ _____

Grain Market Sahiwal (1514)

Branch: شاخہ _____

Account No: اکاؤنٹ نمبر _____

IBAN: بین الاقوامی اکاؤنٹ نمبر _____

Type Of Account: CA PLS _____

Title Of Account: اکاؤنٹ کا نام _____

For Account Confirmation & Further Contact Res. Off Phone No.: _____

Mobile No.: _____

Operating Instruction: Single Joint Either or Survivor

Initial Deposit: _____ Zakat Deduction: Yes No (CZ-50 Attached)

Convert Basic Account to NBP Asaan Account: Yes No N/A BBA No. _____

Particulars	Applicant 1	Applicant 2
Name		
Father's / Husband's Name		
Mother's Maiden Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
CNIC No /		
Passport No / NICOP / POC ARC / Pension Book etc.		
CNIC Expiry Date		
Marital Status		
Date of Birth		
Place of Birth		
Nationality		
Education		
Current Residential Address		
Permanent Address		
Purpose of Account		
Source of Income		
Monthly Income		
Monthly Turnover	Debit: _____ Credit: _____	
Email		
Profession/Occupation		
Office / Business Address		

Next Of Kin: Name: _____ Relation: _____ Phone No: _____

Address: _____

CNIC No / _____ ATM Card Cheque Book SMS alerts:

Applicant Signature / _____

- Undertakings; I/We hereby undertake that:
- Source of income declared above is legitimate and clean.
 - I am not a US person as neither born in US nor have US citizenship, Green Card or have US address/telephone number or 'in-care of' or hold mail address etc.
 - I / we hereby confirm that the present and permanent residential address provided by me / us in the account opening form above are correct.

Applicant 1 Signature _____ Applicant 2 Signature _____

Terms And Condition Governing Asaan Account

1. The term "Bank" mentioned herein refers to the National Bank of Pakistan and its branches.
2. The Bank reserves the right to refuse to open an Account for prospective clients who do not meet the requirements laid down in the Prudential Regulations, other instructions issued by SBP from time to time and Bank's own policies. The Account Holder undertakes to provide all information and documents related to the Account and/or any transactions with the Bank as and when required by the Bank. In case of non-compliance by the Account Holder with the requirements of the Bank, the Bank shall have the right to close such Accounts and withhold any Services to the Account Holder. The Account Holder acknowledges that the account is subject to the anti-money laundering laws and regulations of Pakistan and the internal policy of the Bank. The Account Holder authorizes the Bank to release the information to any authorized investigating government agency in Pakistan and/or abroad as may be required under any applicable law.
3. Account can be opened with a minimum initial deposit of Rs.100/- (or as revised by SBP from time to time) and there will be no minimum balance requirement.
4. The limit for maximum total monthly debit and maximum credit balance limit in this account will be Rs. 500,000/- or as revised by SBP. These limits will be strictly followed but will be subject to exceptions as defined by SBP from time to time. The Bank will have the right to dishonor cheques for payment beyond monthly debit limit of Rs. 500,000/-. In such instances, the relevant clauses concerning dishonor of cheques under Pakistan Penal Code 489 (F) will be applicable. The Bank will not assume any liability in this regard.
5. In case of minors the accounts will be opened against Form B and other appropriate documents along with documents of the guardian and Bank shall act on the instructions of the guardian, unless contrary instructions are received from an appropriate authority.
6. The Bank reserves the right to suspend the operations of an account classified as "Dormant / Inoperative" in accordance with the regulatory guidelines applicable. No withdrawals will be allowed in such accounts until the account is activated by the customer by visiting the branch personally along with the original and a copy of CNIC. If the account remains inactive for duration as defined by SBP, the same will be classified as "Unclaimed" Account and deposit will be surrendered to SBP.
7. In case of bankruptcy / death of the customer, Debit transactions will be blocked and Operations will be allowed as per Bank's policy / production of Succession Certificate or Court Order.
8. Bank charges, as applicable according to Schedule of Charges, will be recovered.
9. Foreign nationals and non-residents will not be able to open an account under this category, either singly or jointly. In addition, this account will be opened in Pakistani Rupees only.
10. Account will be opened instantly however activation will be restricted for Debit transactions until NADRA Verification is completed.
11. In case of negative NADRA verification, initial deposit would be refunded to the customer on visiting the relevant branch.
12. Cross border, outward remittances will not be allowed in this account. Inward remittances will be allowed, subject to maintaining a maximum balance of PKR 500,000/- at any given time. These limits will be strictly followed but will be subject to exceptions as defined by SBP from time to time.
13. If Term Deposit Receipt (TDR) is issued from NBP Asaan account, the amount lying in TDR will be clubbed with the balance available in Asaan Account for calculating total credit balance.
14. Although Asaan account permits identity documents (other than CNIC) such as pension book, passport etc. for the opening of an account, only one (01) 'Asaan' account will be allowed against one CNIC number.
15. If a person is maintaining a regular account with NBP, he / she will not be permitted to open Asaan account in both, single and joint categories and vice versa.
16. In case of NBP Asaan Savings Account, the balance in the Account and the profit thereon will be subject to the terms and conditions of the Bank in force governing PLS Accounts.
17. If the customer opts for issuance of e-statements, then no statement will be sent by the bank via surface mail. The Bank will have the right to outsource the arrangement of sending the statement of accounts at customer's address.
18. The Account Holder shall notify the Bank immediately in the event of any change in the particulars of the Account. Until such change of particulars has been notified in writing to the Bank and acknowledged by the Bank, the Bank shall be entitled to rely on the existing instructions of the Account Holder.

I/We confirm having read and understood / communicated by Bank Officials (in case of illiterate persons) all the Terms & Conditions governing NBP Asaan Account which has been signed by me in acceptance thereof. A copy of the same has been received by me.

Account No.
IBAN

Signature of Applicant 1: _____

Signature of Applicant 2: _____

For Bank Use

I _____ bearing Employee No. _____ working in the capacity of _____
in National Bank of Pakistan, do solemnly declare that I interacted with the customer face-to-face at
_____ on (date) _____ and do hereby confirm that all the account opening
verification is required in this scheme have been fulfilled and the identity documents have been seen original.

Account Opening Officer

Operation Manager

Branch Manager