



ACCOUNT UPDATION FORM

Date: _____

Account Title / Name: _____ Account No.: _____

Kindly Tick () the checkbox required for amendment.

<input type="checkbox"/>	ADDRESS
Current Address: _____ New Address: _____ Permanent Address: _____	

<input type="checkbox"/>	CONTACT
<u>CURRENT</u>	<u>NEW</u>
Home: _____	Home: _____
Office: _____	Office: _____
Cell: _____	Cell: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

<input type="checkbox"/>	ZAKAT STATUS
<input type="checkbox"/> Enable (Zakat Declaration Form is Mandatory) <input type="checkbox"/> Disable	

<input type="checkbox"/>	DIVIDEND MANDATE
A/c Title: _____	IBAN.: _____
Bank Name: _____	City: _____ Branch: _____
Bank Address: _____	

<input type="checkbox"/>	NOMINATION (Attested CNIC copy required)	<input type="checkbox"/>	Activate	<input type="checkbox"/>	De-Activate
<u>CURRENT NOMINEE (If any)</u>			<u>NEW NOMINEE</u>		
Name: _____			Name: _____		
Relationship: _____			Relationship: _____		
CNIC No.: _____			CNIC No.: _____		

<input type="checkbox"/>	MOTHER'S NAME	_____
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