

To: Habib Allied International Bank Plc, UK

Branch

I / We request you to open an account as under:

Currency of Account

GBP USD EUR Other

Account No. (to be filled by the bank)

Type of Account

Current Current Plus
 Savings Savings Plus
 Term Deposit

Type of operation

Individual
 Joint

Sections to complete

Part A, C, & D
 Part A, B, C & D

PART A

Applicant (1)

Joint Applicant (2)

Title of Account

Surname (Mr/Mrs/Miss/Ms/Dr)

Forename(s)

Date of Birth	Day	Month	Year	Place of Birth
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Present Residential Address (Insert address of second applicant as well, if different)

City Post Code Country

No. of years / months at present address

Years Months

Mailing Address (If different from above)

City Post Code Country

If less than 3 years at present address, please give previous address

City Post Code Country

Contact Numbers

Home Phone Office Phone

Mobile Phone Fax

email address

Residential Address (if applicable) Home Owner Tenant Living with Parents Other (specify)

Marital Status (if applicable) Single Married Widowed Divorced Separated

Nationality

(1)

(2)

Country of Permanent Residence

(1)

(2)

Type of identification (original documents to be shown)

(1) Passport No. / Driving License / Other (N.I or ID Card No.)

(2) Passport No. / Driving License / Other (N.I or ID Card No.)

Proof of Address (Originals bills, no more than 3 months old, to be shown)

(1) Gas Bill Electricity Bill Council Tax invoice Water Bill Other (specify)

(2) Gas Bill Electricity Bill Council Tax invoice Water Bill Other (specify)

Employment (if applicable)

Employment Status (1)	<input type="checkbox"/> Employed	<input type="checkbox"/> Self - Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time
	<input type="checkbox"/> House Wife	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (specify)	<input type="text"/>	
Employment Status (2)	<input type="checkbox"/> Employed	<input type="checkbox"/> Self - Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part time	<input type="checkbox"/> Full time
	<input type="checkbox"/> House Wife	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (specify)	<input type="text"/>	

Applicant (1)

Applicant (2)

Occupation/Nature of Business <i>(if self-employed)</i>	<input type="text"/>	<input type="text"/>
Employers Name	<input type="text"/>	<input type="text"/>
Employer Address or Business Address <i>(if self-employed)</i>	<input type="text"/>	<input type="text"/>
City/Post Code/Country	<input type="text"/>	<input type="text"/>
Work Telephone No.	<input type="text"/>	<input type="text"/>

Length of time with present employer	Years <input type="text"/>	Months <input type="text"/>	Years <input type="text"/>	Months <input type="text"/>
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Financial (if applicable)

Net Annual Income (1) (GBP / USD)	<input type="text"/>	Other Annual Income	<input type="text"/>	Total Annual Income	<input type="text"/>
(2)	<input type="text"/>				

Monthly Expenses e.g. Bills/Mortgage: Value (£/\$)	<input type="text"/>		
Other bank / building society account A/C No.	Name & Branch Sort Code	No. of years	Availing Facilities (if any)
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Typical CASH Transaction Profile

Source of Funds	<input type="text"/>		
Typical purpose of cash receipts	<input type="text"/>		
Average monthly incoming transactions	No.	<input type="text"/>	Value (GBP / USD) <input type="text"/>
Average monthly outgoing transactions	No.	<input type="text"/>	Value (GBP / USD) <input type="text"/>

Typical NON-CASH Transaction Profile

Source of Funds	<input type="text"/>		
Typical purpose of non- cash receipts	<input type="text"/>		
Average monthly incoming transactions	No.	<input type="text"/>	Value (GBP / USD) <input type="text"/>
Average monthly outgoing transactions	No.	<input type="text"/>	Value (GBP / USD) <input type="text"/>
Typical International fund transfers, Incoming & Outcoming transactions Value (£/\$)	<input type="text"/>	Name of Countries if any	<input type="text"/>

I/We request the Bank to open an account as specified above. I/We confirm that the information given is correct to the best of my/our knowledge and belief. I/We agree to provide any documents required by the Bank and authorise(s) the Bank to obtain credit reports from a credit reference agency, according to the type of account(s) requested and to abide by the Terms and Conditions governing the conduct of such account(s) which have been provided separately and may be subject to change.

I/we agree that you may use your parent bank, Habib Bank Limited, and/or other third parties to process information and provide services on your behalf. I understand that whether it is processed in the UK, Pakistan or elsewhere my information will be protected in accordance with data protection legislation, by a strict code of secrecy and security which you and Habib Bank Limited, their staff and any third parties are subject to and will only be used in accordance with your instructions. I understand that Pakistan does not have a data protection law.

I consent to checking the validity of any identification document I provide to prove my identity, with the Issuing Authority of that document.

The Bank may utilize client information for purposes of research and marketing of other products. If the Applicant does not wish to be involved in this, kindly tick (✓) this box

Applicant (1)

Applicant (2)

Signature (s)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

PART B to be completed if applying for a **JOINT ACCOUNT**

(Please complete Part A for each joint account holder, using additional forms)

In connection with this account, we request you to honour cheques or order (including cheques or orders in favour of any or either of us) thereon signed by;

Any one of us singly

All jointly

(state specific signing instructions)

and in consideration of any overdraft or debt due to you which you may permit on this account or any other account in our names, we agree to be jointly and severally liable.

On the death of any of us the balance is payable to survivors and, the signature of the survivors may be accepted as sufficient discharge for any credit balance on this account or any part of such balance.

Name(s)	<input type="text"/>	<input type="text"/>
Signature (s)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

PART C to be completed if applying for a **TERM DEPOSIT ACCOUNT**

In addition to the Agreement in PART A, I also agree that any term deposit(s) placed with the Bank will be automatically renewed for the like periods unless notified otherwise at least 2 days before maturity.

In case of automatic renewals, the Bank will pay interest at the rate prevailing on the date of renewal.

Initial Deposit Amount Period of Deposit

Signature (s)

Date

PART D to be completed if a **Cheque Book** is required

Please supply me / us a Cheque Book as under:

Personalized as per the Title of the Account

Personalized as

To be sent to the Mailing Address

Signature(s)

PART E to be completed if a DEBIT CARD is required

Please supply me/us a Debit Card:

First Account

Card Embossed Name

Second Account Holder

Card Embossed Name

Additional Debit Card - Please, tick this box if you wish to order an additional card.

I/we agree that:

I/we have received, read, understood and agree to be bound by the Debit Card-Terms & Conditions of Use ("T&C") and shall use the Debit Card in accordance with the T&C.

The Debit Card(s) and PIN(s) will be sent separately to my/our address on record (as stated in PART A) OR if I/we have completed the "Mailing Address" box above then you should send it/them to the alternate address. The alternative address should be used on this occasion only/on all occasions (delete as applicable).

When I call you to activate the Debit Card(s) and in any future telephone communications that I may be asked to answer one or more of the following ID verification questions which I have completed below:

	First Account Holder	Second Account Holder
My place of birth	<input type="text"/>	<input type="text"/>
Memorable place	<input type="text"/>	<input type="text"/>
Password	<input type="text"/>	<input type="text"/>

In the case of an account held in joint names, I/we confirm that each of us has authority alone to operate the account described above in accordance with the mandate given to you.

Signature - First Account Holder

Signature - Second Account Holder

Date: _____

To:
The Manager
Habib Allied International Bank Plc

Subject: LETTER OF AUTHORITY AND INDEMNITY FROM AN INDIVIDUAL(S) REGARDING VERBAL/FAX/ELECTRONIC INSTRUCTIONS AND COMMUNICATIONS

Dear Sirs,

It would be convenient and in my/our interests if I/we could at any time and from time to time give/send instructions to you in relation to any and all of our existing and future accounts, facilities and any other arrangements of any type (including without limitation payments, transfers, money transmission by internal transfers, investments, placement of funds, foreign exchange dealings, collection, documentary credits, loans, overdrafts or any other credit facilities) which I/we may now or in the future have with you (instructions being given/sent by any means referred to above shall hereinafter be referred to as "**Instructions**") by any of the following means:

- A. Verbal instructions (meaning oral communications via telephone or other aural/oral media) and;
- B. Facsimile transmissions (meaning the sending of fax transmissions by any media) and;
- C. Electronic mail (meaning the sending of transmissions/messages/files/attachments electronically via the telephone, cable network or any other media);
(delete any option that is not required)

In consideration of you, at my/our request, agreeing to accept the Instructions from me/us, I/we hereby authorise, instruct and agree:

1. That you may act on any and all Instructions given by me/us (whether given jointly or severally) from time to time, and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith;
2. That in acting on the Instructions you shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such Instructions may have been initiated, sent or otherwise communicated in error, fraudulently or otherwise (without limitation), and I/we shall be bound by any such Instructions on which you may act if you acted in good faith in the belief that such Instructions were given by me/us;
3. That provided you have undertaken any security procedures stated in your terms and conditions for personal accounts (as amended from time to time) then (i) once the Instructions have been sent or purportedly sent to you by me/us then you shall have no further obligation(s) to check or verify the authenticity or accuracy of such Instructions and you may act on them; (ii) you may in your absolute and unfettered discretion decline to act on or in accordance with the whole or any part of any Instructions pending further enquiry to or further confirmation (whether original written instructions or otherwise in such form as you may require) by me/us, however you shall not be under any obligation to so decline in any case, and you shall in no event or circumstances be liable in any respect for not so declining; and (iii) any Instructions acted upon by you shall irrespective of any later dispute between me/us regarding the Instructions or their interpretation be deemed to have been duly authorised and requested for the purpose of recourse, reimbursement, indemnity or other rights you may have against me/us under any existing or future documentation or at law in relation to any such Instructions and for the purpose of recourse to any security now or in the future held or available to you in relation to any Instructions or transactions related to the Instructions;
4. That you may respond and/or communicate with us (i) in respect of any Instructions by the same means and by using the same fax or telephone numbers or email address (as applicable) as we used to communicate with you or by using the latest fax or telephone numbers or email address that we have provided to you as you deem appropriate; and (ii) in respect of any other matter(s) by such means and by using the latest fax or telephone numbers or email address that we have provided to you as you deem appropriate.
5. To release you from and jointly and severally fully indemnify you against any and all claims, demands, losses, costs, imposts, liabilities and expenses, howsoever arising in consequence of, or in any way related to your having acted in accordance with the whole or any part of any Instructions and/or having exercised (or failed to exercise) the discretion conferred upon you in clause 3 above and/or communicating with me/us as stated in clause 4 above. Further I/we irrevocably authorise you to set off and/or apply any credit balance in any account (whether now or in the future) maintained by me/us with you at any of your branches in satisfaction of any sum(s) representing the amount of any such claim(s), actions, demands(s), expenses(s), losses or liabilities without further authority from me/us and you shall be entitled to exercise such right at such time as you may deem appropriate;
6. The terms of this letter do not affect any other terms and conditions which you may agree, if at all, to execute any such Instructions and are in addition to the provisions of any existing or future documentation evidencing, regulating or constituting security for any transaction, arrangement or facility(ies);
7. In the event of a conflict between the terms of this letter and your terms and conditions for personal accounts (as amended from time to time) then the terms of this letter shall prevail;
and
8. This letter and all Instructions shall be governed by and construed in accordance with English Law and I/we irrevocably submit to the non-exclusive jurisdiction of the English Courts.

Yours faithfully,

Signature: _____

Name: _____

Signature: _____

Name: _____

If joint account BOTH account holders must sign.

FOR BANK USE ONLY

Originals of the following documents have been seen or retained (wherever necessary attested copies have been kept):

Checklist Applicant 1

<input type="checkbox"/> Proof of ID checked <small>(box to tick)</small>	<input type="checkbox"/> File note recorded <small>(box to tick)</small>	<input type="checkbox"/> Proof of address checked <small>(box to tick)</small>	<input type="checkbox"/> Reference (if any) sent/ obtained <small>(box to tick)</small>
<input type="checkbox"/> R85 / R105 Obtained <small>(box to tick)</small>	<input type="checkbox"/> Other documents (please specify) <small>(box to tick)</small> <input type="text"/>		
<input type="checkbox"/> Data Integrity (Screen Shots or JRC) <small>(box to tick)</small>	<input type="checkbox"/> Credit search <input type="text"/>	<input type="checkbox"/> Worldcheck <input type="text"/>	

In Case of Joint Account Applicant 2

<input type="checkbox"/> Proof of ID checked <small>(box to tick)</small>	<input type="checkbox"/> File note recorded <small>(box to tick)</small>	<input type="checkbox"/> Proof of address checked <small>(box to tick)</small>	<input type="checkbox"/> Reference (if any) sent/ obtained <small>(box to tick)</small>
<input type="checkbox"/> R/105 obtained <small>(box to tick)</small>	<input type="checkbox"/> Other documents (please specify) <small>(box to tick)</small> <input type="text"/>		
<input type="checkbox"/> Data Integrity (Screen Shots or JRC) <small>(box to tick)</small>	<input type="checkbox"/> Credit search <input type="text"/>	<input type="checkbox"/> Worldcheck <input type="text"/>	

Comments / File Notes

We confirm having satisfied ourselves that all relevant information relating to this account have been received and found in order.

Risk Rating L M H

Account Opening Officer	Business Manager	Compliance
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**SPECIMEN
SIGNATURE
CARD(S)**



A/c No: _____

Date _____

- Current / Current Plus** _____
- Savings / Savings Plus** _____
- Term Deposit** _____

Title of Account _____

Full Name(s)	Signature(s)



A/c No: _____

Date _____

- Current / Current Plus** _____
- Savings / Savings Plus** _____
- Term Deposit** _____

Title of Account _____

Full Name(s)	Signature(s)

www.habibbankuk.com

Habib Allied International Bank Plc

Registered as a Plc in England and Wales Company No. 4111095

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Switchboard: +44 (0)20 7780 1000 | **Fax:** +44 (0)20 7702 2779

E-mail: info@habibbankuk.com

Authorised and Regulated by the FSA