

## CUSTOMER ACCOUNT ACTIVATION REQUEST FORM

For Individual / Joint Accounts (Non-Resident Customers Only)

All fields are mandatory to fill

Date: \_\_\_\_\_

Account Title: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Branch Name & Code: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Country of Stay (in case of travel): \_\_\_\_\_

Landline number (if available) \_\_\_\_\_ Email address \_\_\_\_\_

City & Country of Residence: \_\_\_\_\_

International Mailing Address: \_\_\_\_\_

**Note:** Bank will contact you on above provided contact details if different from those registered with the bank earlier. In case request is submitted at Embassy / Consulate or UBL International branch, above provided contact details will be updated against customer profile so that Bank can contact you in future. In case your email address is registered with the bank and you want to update your mobile / landline number or mailing address, please follow the process for CIF Amendment.

Details of Individual / Joint Holders		
S. #	Name as per ID document	Identity Document No. (Attach scanned copy of each)
1		
2		
3		
4		

Due to non-operation, my/our account has become dormant, hence, I/We request you to please re-activate my / our account.

Mandatory Debit Authority (Please select one from the following boxes; to be filled in when option 'Dormant Account Activation' is selected)	
<input type="checkbox"/> *I / we instruct and authorize you to debit my / our above account by PKR/FCY 1/- only and transfer to:	
1. Account # _____ Account Title: _____	

S. #	Account #	Account Title / Organization Name	S. #	Account #	Account Title / Organization Name
1	089198400032	Afzaal Memorial Thalassemia Foundation	6	095901048139	Shaukat Khanum Memorial Trust
2	040137100600	DOW University Donations	7	014401116921	Sahara Trust
3	010810114466	EDHI Foundation	8	089110004140	Saylani Welfare International Trust
4	094901042414	LRBT Free Eye Care	9	089101006359	The Indus Hospital Donations
5	040110093755	SIUT Zakat	10	200010135	The Kidney Centre

### Enhanced Due Diligence (Separate EDD to be conducted for each account holder)

**Politically Exposed Person / Political Connection:**  Yes  No (If 'Yes', please complete and attach PEP declaration form along with required documentation)

**Source of Income:**  Salary  Business \_\_\_\_\_  Stock/Investment  
 (Please select any one) (Please Specify)

Pension  Rented Property  Inheritance  Others \_\_\_\_\_ (Please Specify)

**Source of Wealth:**  Gift  Personal Savings  Rented Property/Property Sales  Inheritance  
(Please select any one)

Others \_\_\_\_\_ (Please Specify)

**Usual Mode of Credit Transaction:**  Cash  Clearing  Remittance  Collection

Others \_\_\_\_\_ (Please Specify)

**Usual Mode of Debit Transaction:**  Cash  Clearing  Remittance  Collection

Others \_\_\_\_\_ (Please Specify)

**Income Amount** (Per month): \_\_\_\_\_

**No. of Transaction** (Credit): \_\_\_\_\_

**Withdrawals/Debit Amount** (Per month): \_\_\_\_\_

**No. of Transaction** (Debit): \_\_\_\_\_

**Ultimate Beneficial Owner of the Account** (If different from Customer): \_\_\_\_\_

Relationship with Customer: Self or Other (in case of other, please provide detail) \_\_\_\_\_

Identification document of Ultimate Beneficial Owner: \_\_\_\_\_

**Customer's Foreign Bank Account No.** \_\_\_\_\_ **Bank Name** \_\_\_\_\_

Thanking you,

For Account Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**For Bank Use Only**

**International Branch**

Initiated by: \_\_\_\_\_

Name & Emp. # \_\_\_\_\_

Supervised by: \_\_\_\_\_

Name & Emp. # \_\_\_\_\_

**Local Branch**

Initiated by: \_\_\_\_\_

Name & Emp. # \_\_\_\_\_

Supervised by: \_\_\_\_\_

Name & Emp. # \_\_\_\_\_