

The Manger,
MCB Islamic Bank Ltd,
DHA Branch Lahore (008)

Subject: Change of Mailing Address

Dear Sir

Please update my mailing address in your record instead of existing.

Old Address:

Revised Address:

I am certifying that I am fully responsible to oblige all terms & condition of your bank as well as follow all rules & regulations of State Bank of Pakistan.

Regards

(Signature)

Name:

A/C No:

ANNEXURE I

Date _____

The Manger

MCB Islamic Bank

DHA Branch Lahore (008)

Dear Sir

I intend to open an account in your branch and would like to inform you that my current signature differ with that one's appearing on my valid CNIC bearing

Number _____

I would appreciate if you could please accept my current signatures on all account opening documents.

I have authenticated my current signatures with my signatures on CNIC.

Specimen of my current signature _____

Specimen of my signature as per latest CNIC _____

Name _____

Self-Declaration Form for Housewife Accounts

Annexure-I

The Manager
MIBL
DHA Branch Lahore

Date:

In terms of directives issued by SBP para 4 (b) of AML/CFT Guidelines on Risk Based Approach dated September 13, 2012, I _____ Wo / Wdo _____ having CNIC/ NICOP/ PPT/ POC/ ARC No. _____ an account holder of MCB Islamic Bank Ltd having Account No _____ Account Title _____ hereby declare as under:

1. The source of funds / proceeds deposited or to be deposited in my stated account are from:

- a) _____ b) _____
b) _____ d) _____

2. The ultimate beneficiary of my account is (Self / Other) _____

Name of Beneficial Owner _____

Relationship with Beneficial Owner _____

If the funds are received / deposited in my above mentioned account from any source other than the sources mentioned above, I, undertake to inform / declare in writing to the bank forthwith to update the Bank's record.

Customer's Signature

Branch Manager Signature



Digital Banking Subscription Form

ڈیجیٹل بینکنگ سبسکریپشن فارم

PLEASE USE BLOCK LETTERS WHILE FILLING OUT THIS FORM

Date: تاریخ: ____/____/____

Section 1: PERSONAL INFORMATION

سیکشن 1: ذاتی معلومات:

Customer Name: گاہک کا نام: _____

CNIC

Mobile#

Section 2: ACCOUNT DETAILS

سیکشن 2: اکاؤنٹ کی تفصیلات:

Branch Name: برانچ کا نام: _____

Branch Code:

Account Title: اکاؤنٹ کا نام: _____

Account No#:

Section 3:

سیکشن 3:

Debit Card: Yes ہاں No نہیں Replacement

SMS Subscription: Yes ہاں No نہیں
SMS سبسکریپشن

For standard, Joint & Sole Proprietorship Accounts only which are operated on the signature of self, an account single or other person(s).

For SKN's (any phone number) number associated with account holder's used.

Name on Card: کارڈ پر نام: _____

Limits & Fee Structures محدودات اور فیس کی ساختیں	Qadar Classic قدار کلاسیک	Qadar Gold قدار گولڈ	Internet Banking / Mobile Application / Phone Banking انٹرنیٹ بینکنگ / موبائل ایپلیکیشن / فون بینکنگ
Transaction Limits ٹرانزیکشن کی حدود			
ATM withdrawal (Local/INTL) ATM سے نکالنا	PKR 50,000 / Day روزانہ	PKR 100,000 / Day روزانہ	-
Purchase خریداری	PKR 150,000	PKR 250,000	-
Promotional Schemes پروموشنل اسکیمیں	No نہیں	Yes ہاں	-
Annual / Issuance Fee سالانہ / اجراء کی فیس	PKR 500	PKR 1,000	-
Replacement Charges تبدیلی کے چارجز	PKR 500	PKR 1,000	-
Fund Transfer within MIB MIB میں فنڈ ٹرانسفر	PKR 150,000 / Day روزانہ	PKR 250,000 / Day روزانہ	PKR 250,000/Day روزانہ
Inter Bank Fund Transfer انٹرنیٹ فنڈ ٹرانسفر	PKR 150,000 / Day روزانہ	PKR 250,000 / Day روزانہ	PKR 250,000/Day روزانہ
Bill Payment بل کی ادائیگی	PKR 150,000 / Day روزانہ	PKR 250,000 / Day روزانہ	PKR 250,000/Day روزانہ
Own Account Fund Transfer	-	-	PKR 10,00,000/Day روزانہ

I want to order (Please tick card type) Classic Gold

Authority & Declaration
 I authorize the above instructions and have read and understood the Terms & Conditions governing Bank Account(s) and subsequent Products and Services at MCB Islamic Bank, a copy of which has been supplied to me. I agree to be bound by the Terms & Conditions and amendments which MCB Islamic Bank may deem fit. I also authorize the bank to debit my account with the charges Applicable for the provision of the above services as per current Schedule of Bank Charges, where applicable. I agree and understand to notify the bank within 30 calendar days if there is a change in any information which I have provided to the bank.

اقتاری اور ڈیکلیریشن
 میں مندرجہ بالا ہدایات کو قبول کرتا/کرتی ہوں اور میں نے ایسی ہی اسلاٹ بینک کے اکاؤنٹ اور پروڈکٹس اور سروسز کے متعلق شرائط و ضوابط کو پڑھا اور سمجھ لیا ہے۔ جس کی ایک کاپی مجھے دی گئی تھی۔ میں شرائط و ضوابط اور اس میں ترمیم (جسے ایسی ہی اسلاٹ بینک مناسب سمجھے) کا پابند ہونے سے اتفاق کرتا/کرتی ہوں۔ میں بینک کو یہ اختیار بھی دیتا/دیتی ہوں کہ بینک مندرجہ بالا سروسز کے فراہم کرنے کے لیے ضروری ہونے والی تبدیلیوں کے لئے میرے اکاؤنٹ سے ڈیبٹ کرے۔ میں اس بات کو سمجھتا/سمجھتی ہوں اور قبول کرتا/کرتی ہوں کہ بینک کو ذرا بعد کے معلومات میں کسی بھی قسم کی تبدیلی کی صورت میں 30 دن کے اندر بینک کو آگاہ کرنا ہوگا۔

Customer Signature: _____
صارف کا دستخط:

For further details, terms and conditions and SOBC please visit our website: <https://www.mcbislamicbank.com>
For internet banking visit: <https://online.mcbislamicbank.com/mib>
For 24 x 7 assistance please contact MIB Phone Banking on (042)111-222-642

مزید معلومات اور شرائط و ضوابط اور SOBC کے بارے میں مزید جاننے کے لیے ہماری ویب سائٹ <https://www.mcbislamicbank.com> یا <https://online.mcbislamicbank.com/mib> پر سائٹ بینک کے بارے میں مزید جاننے کے لیے <https://online.mcbislamicbank.com/mib>
24 گھنٹے روزانہ کی سہولت کے لیے برائے برائے ایم آئی بی فون بینکنگ نمبر (042)111-222-642 پر رابطہ کریں
موبائل ایپ ڈاؤن لوڈ کریں

Mobile App Download



For Bank Use Only

صرف بینک کے استعمال کے لئے

Date Received: تاریخ: ____/____/____

Approved By: _____

Signature Verified By: _____

منظور کردہ

تصدیق شدہ



Account Opening Addendum – CRS & FATCA Individual/Proprietorship (Tax Residency Self - Certification Form)

Part – 1 Identification of Individual Account Holder						
A. Name the account holder						
Title of Account:						
Account Number:						
Family Name or Surname *:						
First or given name *						
Middle name						
B. Date Of Birth * : (dd/mm/yyyy)						
C. Place Of Birth						
Country of Birth*						
Town or city of Birth*						
D. Current Residence Address						
House/Apt/Suite Name/ Street *						
Town/City / Province/ State/ County *						
Postal Code/ZIP Code*						
Country*						
E. In care of Address			Is the current mailing address as mentioned in account opening form an "in care of" address?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power of Attorney						
Please put a "✓" if any statement below applies to you. If it does not, put a "x"						
<input type="checkbox"/> I/We have granted a Power of Attorney to a person/ authorized a person who has an address outside Pakistan to operate the banking account (either physically or electronically)						
Name of Authorized Person	Address	City District	Postal Code	Name of the Country		
1						
2						
3						
Payment Standing Instructions(s)						
Please put a "✓" if any statement below applies to you. If it does not, put a "x"						
<input type="checkbox"/> I/We intend to/will set up Payment Standing Instruction(s) for the banking account and the beneficiary account(s) is in a country outside Pakistan)						
S.No.	Beneficiary Account Number			Country		
1						
2						
3						
Part 2 – Country/Countries of Residence for Tax Purposes and Related Taxpayer Identification Number or Functional Equivalent* (TIN)						
Please complete the following table indicating all the countries, in which you are a Citizen, Permanent Resident or Tax Resident						



Account Opening Addendum – CRS & FATCA Individual/Proprietorship (Tax Residency Self - Certification Form)

Serial No.	Country/ Jurisdiction of tax residence Name	Tax Identification Number	**If No TIN available enter Reason A, B or C	Explanation to be provided only if reason "B" is selected	Nationality Number	Citizen (C)/Permanent Resident (PR)/Tax Resident (TR)		
						C	PR	TR
1						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet)

****If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:**

Reason A: The country where the Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B : The Account Holder is otherwise unable to obtain a TIN or equivalent (please explain why you are unable to obtain a TIN in the above table if you have selected this reason)

Reason C : No TIN is required (Note: Only select this reason if the domestic law of the relevant country does not require the collection of TIN issued by such jurisdiction)

Note: If you are Citizen, Permanent Resident or Tax Resident of United States, please complete Form W-9, "Request for Taxpayer Identification Number and Certification".

Part 3 – Declaration and Signature*

I understand that the information supplied by me is subject to the entire provisions of the terms and conditions governing the Account Holder’s relationship with MCB Islamic Bank Limited, including but not limited to and stating therein conditions/situations on how MCB Islamic Bank Limited may use and share the information supplied by me in terms of FATCA, CRS, or any other legal, regulatory requirement(s).

I acknowledge that subject to applicable local and foreign laws and regulations, I/We hereby consent to MCB Islamic Bank Limited and/or any of its affiliates (including without limitation branches) sharing my/our information with domestic and/or overseas tax authorities, regulators, wherever necessary including but not limited to establish my/our tax liability in a/any jurisdiction. I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities and/or relevant regulators of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities and/or regulators of another country(ies)/jurisdiction(s) in which the Account Holder may be a tax resident pursuant to laws, regulations regulatory policies/directions/notifications and/or intergovernmental agreements to exchange financial account information.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to advise MIB within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MIB with a suitably updated self-certification and Declaration within days of such change in circumstances

Subject to the requirements of domestic or overseas laws and regulations, policies, directions, I/We understand that MCB Islamic Bank Limited shall/may withhold from my/our account(s) such amount(s) as may be required according to applicable laws, regulations, policies, directions in compliance with FATCA requirements.

I/We also undertake not to initiate any proceedings against the Bank in case any amounts are withheld from



Account Opening Addendum – CRS & FATCA Individual/Proprietorship (Tax Residency Self - Certification Form)

my account and remitted to the local or foreign authorities/regulators as may be required according to applicable laws, regulations, policies, directions in compliance with FATCA requirements.

Signature:*	
Name:*	
Date:*	

Note: Please indicate the capacity in which you are signing the form (for example 'Authorized Officer'). If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: *	
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* Mandatory Field

Summarized Descriptions of Selected Terms

These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (the CRS), the associated Commentary to the CRS, and FBR rules. This can be found at the following link: <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>

If you have any questions then please contact your tax adviser or domestic tax authority.

- 1. Account Holder:** The term "Account Holder" means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.
- 2. Financial Account:** A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.
- 3. Participating Jurisdiction:** A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list available on FBR's web portal.
- 4. Reportable Account:** The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person
- 5. Reportable Jurisdiction:** A reportable Jurisdiction means all jurisdictions other than Pakistan and the United States of America with regard to CRS; "Reportable Jurisdiction" A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.
- 6. Reportable Person:** A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.
- 7. TIN (including "functional equivalent"):** The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link: <http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm>



SPECIMEN SIGNATURE CARD

IBSF-6A

Branch _____ Code [] [] [] [] [] Date: _____

Title of Account _____

Account No. _____
Please use black ink

	Name/s		Signature
1		1	
2		2	
3		3	

Kindly sign within each box

Signature Requirement: Single Joint Either or survivor Other _____
(Please Specify)



CHEQUEBOOK REQUISITION

IBMF-80

Branch Name _____ Branch Code [] [] [] [] [] Date _____

Name / Title of Account _____ Type of Account: LCY FCY

Nature of Account: Hidayat Current Account Hifazat Plus Saving Account Hifazat Saving Account Other

Account No: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Please issue to me/us new Chequebook for my/our above account containing 10 25 50 100 Leaves and deliver the same to me / us personally OR to the bearer whose specimen signature duly attested by me / us is appended overleaf. You may debit my / our above account for your charges in this regards.

I / We agree and understand that this Chequebook if not collected by me / us personally or through my / our authorized representative within six (6) months from the date of this request will be destroyed by the Bank at my / our cost and risks without giving any notice to me /us.

Replacement of Lost Chequebook (I / we indemnify the bank against all claims, losses, damages & cost which you may suffer.)

Signature Verification Officer

Account Holder's Signature

رجسٹرڈ آفس
7th Floor MCB Center, Airport Road,
Opposite Askari X, Lahore
(042) 111-622-425
www.mcbislamicbank.com



شرائط و ضوابط
برائے اکاؤنٹ

Registered Office:
7th Floor, MCB Center, Airport Road,
Opposite Askari X, Lahore
UAN: (042) 111-622-425
www.mcbislamicbank.com



Terms and Conditions
Account Opening

