

Asaan Account/ Account Opening Form
(For Pakistani Individuals, Pak Rupee Current Account only)

Date:		Branch	
Account Number:			
IBAN Number:			
Title of Account:			
Nature of Account:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Minor <input type="checkbox"/> Others (Please Specify) _____		

Basic Information

Individual (or Minor)

Name			
Father's/Husband's Name			
Mother's Maiden Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Education	<input type="checkbox"/> Literate <input type="checkbox"/> Illiterate		
Date of Birth (dd/mm/yyyy)		Place of Birth	
Nationality		Country of Residence	
ID Type	<input type="checkbox"/> CNIC/SNIC <input type="checkbox"/> POC <input type="checkbox"/> NICOP <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please Specify) _____		
ID Number		ID Expiry Date	
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	Job Title	
		NTN No. (if any)	
Source of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Remitt. <input type="checkbox"/> Agriculture <input type="checkbox"/> Rental Income <input type="checkbox"/> Invest. <input type="checkbox"/> Business <input type="checkbox"/> Other		
Name of Employer/Business			

Applicant 2 (or Guardian)

Name			
Father's/Husband's Name			
Mother's Maiden Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Education	<input type="checkbox"/> Literate <input type="checkbox"/> Illiterate		
Date of Birth (dd/mm/yyyy)		Place of Birth	
Nationality		Country of Residence	
ID Type	<input type="checkbox"/> CNIC/SNIC <input type="checkbox"/> POC <input type="checkbox"/> NICOP <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please Specify) _____		
ID Number		ID Expiry Date	
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	Job Title	
		NTN No. (if any)	
Source of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Remitt. <input type="checkbox"/> Agriculture <input type="checkbox"/> Rental Income <input type="checkbox"/> Invest. <input type="checkbox"/> Business <input type="checkbox"/> Other		
Name of Employer/Business			

Account Using Information

(Total Debit Per Month & Credit Balance Limit Should not Exceed PKR 500,000)

Purpose of Account	<input type="checkbox"/> Receipts & Payments <input type="checkbox"/> Saving & Investments <input type="checkbox"/> Others (Please Specify) _____		
Expected Monthly Dr: T.Over	Rs.	No. of transactions	
Expected Monthly Cr: T.Over	Rs.	No. of transactions	

Next of Kin			
Name			
ID Type		ID No.	
Mobile No.		Relationship with Account Holder	
Land Line No. (Res.)		Land Line No. (Off.)	
Address			
Contact Information Applicant 1 - Individual (or Minor)			
Permanent Res. Address			
Mobile Number		Email Address	
Land Line Number (Res.)		Land Line No. (Off.)	
Applicant 2 (or Guardian)			
Permanent Res. Address			
Mobile Number		Email Address	
Land Line Number (Res.)		Land Line No. (Off.)	
Miscellaneous			
A/C. Operating Instruction	<input type="checkbox"/> Singly <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Others (Please Specify) _____		
Mode of A/C. Statements	<input type="checkbox"/> Email <input type="checkbox"/> Post Mail	Statement Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Half-Yearly
Zakat Exempt	<input type="checkbox"/> No <input type="checkbox"/> Non-Muslim <input type="checkbox"/> Yes (Enclose affidavit/Declaration Form CZ-50)		
Debit Card Required?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Ch. Book Required?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name to be printed on Debit Card		Undertaking: I understand that the cheque book/debit card, if not collected within 30 days from date of issuance, may be destroyed and charges will be collected as per bank policy.	
Declaration			
<p>I/We hereby request Industrial and Commercial Bank of China Limited the "Bank" to open the account(s) mentioned above on the basis of the information supplied by me/us herein, which I/We confirm is true and correct in all aspect. I/We hereby declare and confirm that I/We have read, understand and received the copy of Account Opening Form and "Terms and Conditions Governing the account" and hereby agree to observe and be bound by the said Terms and Conditions and any changes, supplements or modifications thereto that may be made by the Bank from time to time.</p> <p>It is understood that this account will be used for bonafied transactions relating to me/us. I/We agree to inform you of any changes in the information provided in this form or in related documents.</p> <p>I/We agree to be liable for any finance or debts due to you which you may permit on this account or any other account in my/our name.</p>			
All Applicants Should Sign - Also to be used as Specimen Signature			
Applicant's Name		Applicant's Name	
Signature		Signature	
Bank Use Only			
Account Opening Officer's Certificate: I have checked this Account Opening Form and the required documents and certify that these are in order. I also certify having verified the identity and credentials of the Applicant(s), and, where applicable, identity of guardian after having seen the original identification documents.			Photograph of person unable to properly sign or with shaky signature/Photo Account
Relationship Manager	Name _____	Signature _____	(For Bank's Use Only)
Manager's Approval	Name _____	Signature _____	(For Bank's Use Only)
To be completed by Banking Department			
Received On _____		Processed By _____	
Authorized By _____		Date of Authorization _____	