CONSENT FORM FOR MULTIPLE ACCOUNTS AGAINST SINGLE CNIC

Custome	er Name					
CNIC Nui	mber					
Serial #	Account Number		Account Title	Date of Account Open	Currency	Customer's Remarks (Y/N*)
1						
3						
I hereby confirm that the above information provided is accurate and complete.						
Customer Signature					Date	
*For office use only Branch Remarks/ Recommendations:						
DIANCH K	emarks/ Recor	<u>iiine</u>	<u>nuations:</u>			
Branch Stamp & Signature						

Branch Manager Name: