

ASAAN ACCOUNT

ANNEXURE (Applicable in case of Joint Account)

Branch & City &
Base Number
Account Number

Date (DD) - (MM) - (YY)

ACCOUNT HOLDER PERSONAL & JOB INFORMATION

Title Mr. Ms. Mrs. Gender M F
Full Name
(As per CNIC / SNIC / NICOP / PP)
Father / Spouse Name
(As per CNIC / SNIC / NICOP / PP)
Mother Maiden Name

Identification Details CNIC / SNIC / NICOP -
Issue Date - - Expiry Date - -
 Passport POC Pension Book ARC

Date of Birth - - City & Country of Birth

Current Residential Address

Permanent Address

Personal Contact Details Landline Mobile Email ID

Occupation Status Private Service Self Employed Student
 Business Housewife Retired Other (Please Specify)

Position / Job Title

Name of the Employer / Business Office Address

Official Contact Details Landline Mobile Email ID

Nature of Business Retail Services Trading Manufacturing Other
(if business person)

Annual Business Turnover

Source of Funds / Income Details	Monthly Inflows	Amounts (PKR)	Other Sources	Amounts (PKR)
<input type="checkbox"/> Salary / Wages	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Inheritance	<input type="text"/>
<input type="checkbox"/> Business Income	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Savings	<input type="text"/>
<input type="checkbox"/> Investment Returns	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Sale of Assets	<input type="text"/>
<input type="checkbox"/> Rental Income	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other (Please Specify)	<input type="text"/>
<input type="checkbox"/> Financial Support from Spouse Parents / Siblings	<input type="text"/>	<input type="text"/>		
TOTAL	<input type="text"/>	<input type="text"/>	TOTAL	<input type="text"/>

CUSTOMER'S SIGNATURE

Additional Applicant's Signature

Date: