



**Request for Modification in Particulars of Customer Account  
(Individual & Sole Proprietorship Accounts)**

Please Complete Applicable Section Only and Cancel Out / Strike through other inapplicable sections

Date: \_\_\_\_\_ Branch Name \_\_\_\_\_ Branch Code: \_\_\_\_\_  
 Account Title \_\_\_\_\_ Account Number: 

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 Customer / Client ID \_\_\_\_\_

**Types of Amendments:**

I / We hereby request you to Change / Update the information or status in the above mentioned account as per the following details:

- |   |   |
|---|---|
| <input type="checkbox"/> Change of Address and Contact Details                  | <input type="checkbox"/> Change in Title of Account |
| <input type="checkbox"/> ID renewal / DOB / Father's name /Mother's Maiden Name | <input type="checkbox"/> Other Changes: _____       |

**1. Change of Address and Contact Details:**

- |  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> Current Residential Address | <input type="checkbox"/> Office Address | <input type="checkbox"/> Permanent Residential Address | <input type="checkbox"/> Residence Phone | <input type="checkbox"/> Office/Business Phone |
| <input type="checkbox"/> Mobile Phone No.            | <input type="checkbox"/> Fax Number     | <input type="checkbox"/> Email                         |  |  |

New Address	Other Contact Details
House / Office / Suite/ Street # _____	Residence Phone _____
City / Town _____	Office / Business Phone _____
State / Province _____	Mobile Phone Number _____
Country & Postal Code _____	Fax Number _____
	Email _____

Correspondence Address/ Mailing Address (please select any one option):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Same as my Current Residential Address | <input type="checkbox"/> Same as my Office Address | <input type="checkbox"/> Same as my Permanent Residential Address |
|---|--|---|

**2. ID Renewal / / Date of Birth / Father's Name/ Amendment in Mother's Maiden Name (Please select options which require up-dation):**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> ID/Passport Expiry Date | <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Mother's Maiden Name | <input type="checkbox"/> Father's/Husband Name |
|--|--|---|--|

ID/Passport Number(s) \_\_\_\_\_ Expiry Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Father's/Husband Name \_\_\_\_\_

**3. Change in Title of Account**

Please specify the reason for change in Title of Account: \_\_\_\_\_

Existing Title of Account	New Title of Account

Signature of Applicant (s) \_\_\_\_\_



**4. Other Changes:** (Use this section to request a change in any other information related to the account (such as change in Nationality and Residence Status, Change in Source of Funds / Income, Change in Employer / Business Details, etc.)

Nature of Change : \_\_\_\_\_

Existing : \_\_\_\_\_

Revised: \_\_\_\_\_

**FATCA and CRS Confirmation (Applicable for all Amendments)**

**FATCA:** Is any of your previous or new information / address / contact number (Mobile / office) / source of funds based in the US?  Yes  No

*In case of FATCA confirmation is Yes, then please follow the below documentations accordingly:*

- Complete fresh "FATCA Checklist" for the customer and follow documentation requirements.

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**CRS:** Is any of your previous or new information / address / contact number (Mobile / office) / source of funds based other than US and Pakistan?  Yes  No

*In case of CRS confirmation is Yes, then please follow the below documentations accordingly:*

- Complete "Individual Tax Residency Self-Certification" Form.

**Applicant's Confirmation:** I / we hereby confirm that the information above is true, accurate and complete. I / We also agree and undertake to notify the Bank within 30 calendar days if there is a change in any information, which I / we have provided to the bank.

**Signature of Applicant(s):**

Applicant 1	Applicant 2

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

**For Bank Use Only – Branch Authorization**

We confirm that the new information provided by the customer has been assessed for impact on FATCA and CRS classification of the account and a fresh FATCA Checklist and CRS relevant forms (where required) has been completed, and new documentation, if required (as established through the checklist) has been obtained.

**Request Received (Date & Time):** \_\_\_\_\_

<b>Received By (Name &amp; Signature)</b>	<b>Approved By (Name &amp; Signature)</b>