



Dividend Mandate Form

Customer Name: _____

Client Code: _____ Sub A/C # _____ Participant: _____

CNIC#: _____ Expiry: _____

Date: _____

- Customer has requested to change his/her dividend mandate bank to mailing address
- Customer has requested to change his/her dividend mandate from mailing to bank
- Customer has requested to change his/her bank details

Old Title of Bank Account # _____

Name of Bank _____ IBAN # _____

Branch Name & Code: _____ City: _____

New Title of Bank Account # _____

Name of Bank _____ IBAN # _____

Branch Name & Code: _____ City: _____

In case of no previous Bank details tick the check box

Mailing Address: _____

Contact No: _____ Office: _____ Mobile: _____

NTN NO.: _____

It is stated that the above particulars given by me are correct and I shall keep the Company, informed in case of any changes in the said particulars in future.

Customer Signature:
