Habib Bank AG Zurich

(Incorporated in Switzerland 1967)

Customer requisition application

Fill in BLOCK letters and check ☑ where appropriate

HBZ Sirat صراط

Date ____ day ____ month ____ year

ACCOUNT DETAILS

Customer account number 0 2 - __ __ - __ __ - __ __ __ __ __ __ - __ __ __ - __ __ __ __ __ __ __

22 digits

Account title _____

Please check ☑ the appropriate box and fill in the information where applicable which will apply to the Account number and Account title specified above. Also provide supporting documents for section 1, 3, 4 and 5.

CHANGE IN ACCOUNT INFORMATION

☐ 1) Address, *select address type* ☐ *Office* ☐ *Residence* ☐ *Permanent*

Number ____ *apartment/villa/house/shop/office* *Street* ____ *building/community*

P.O. Box/Postal/Zip code ____ *City* ____

Province/State ____ *Country* ____

☐ 2) Contact number, *specify details below.*

☐ *Tel (Off)* + ____ *country code / area code* ☐ *Tel (Res)* + ____ *country code / area code*

☐ *Fax* + ____ *country code / area code* ☐ *Mobile* + ____ *country code / area code*

☐ *Tel (Home country)* + ____ *country code / area code* ☐ *Email* ____

☐ 3) Passport no ____ *Expiry date* ____ *day* ____ *month* ____ *year* *Nationality* ____

☐ 4) Visa no ____ *Expiry date* ____ *day* ____ *month* ____ *year* *Employer* ____

☐ 5) Trade License ____ *Expiry date* ____ *day* ____ *month* ____ *year* *Emirate* ____

☐ 6) Other changes in account details, *specify details* ____

TRANSACTION RELATED QUERIES

☐ 7) Charges clarification, *specify details* ____

☐ 8) Other transaction related query, *specify details* ____

STATEMENT OF ACCOUNT RELATED QUERIES

☐ 9) Physical statement *(charged service), specify frequency* ☐ *Monthly* ☐ *Quarterly* ☐ *Half-yearly* ☐ *Yearly*

☐ 10) Statement not received

☐ 11) eStatement of account *(HBZeSOA), specify Email address* ____ @ ____

CARD RELATED QUERIES

Card Type ☐ *VISA DEBIT/ATM* ☐ *CDM*

Card Number *(last 8 digits)* ____ Card Title ____

☐ 12) Card not received

☐ 13) Password not received

☐ 14) Replacement card, *specify reason* ☐ *Lost card* ☐ *Captured card* ☐ *No service* ☐ *Lost password* ☐ *Other* ____

☐ 15) Erroneous/disputed transaction, *specify details* ____

☐ 16) Other, *specify details* ____

____ ____ ____

authorized signatory(s)

NOTE:

- In the case of multiple signatories, authorized signatories must sign as per the account mandate
- The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer.
- Form continued on next page.

INTERNET BANKING - HBZweb

HBZweb Login/User name *(case sensitive)*

(Note: following Internet Banking requests are associated with HBZweb Login/Username specified here.)

☐ 17) User ID/Password ☐ *Not received* ☐ *Not activated* ☐ *Locked* ☐ *Other, specify details* _____

☐ 18) Reset Password

☐ 19) HBZotp *(One Time Password)* Token Registration, *specify details below.*

Mobile number + *country code / area code*

Email ID @

☐ 20) Secure Key ☐ *Not received* ☐ *Not activated*

☐ 21) Requested functionality not appearing, *specify details* _____

☐ 22) Transaction(s) not executed through internet service, *specify details* _____

☐ 23) Other, *specify details* _____

SMS SERVICE - HBZgsm

☐ 24) GSM banking alerts - change phone number, *specify mobile number* + *country code / area code*

☐ 25) Alert/Message not received, *specify details* _____

FACSIMILE SERVICE - HBZfax

☐ 26) Change in FAX number, *specify fax number* + *country code / area code*

☐ 27) FAX not received, *specify details* _____

GENERAL BANKING

☐ 28) Cheque book not received

☐ 29) Returned cheque(s) not received, *specify details* _____

☐ 30) Other, *specify details* _____

OTHER INQUIRIES

I/We agree to abide by all the Terms & Conditions applicable to the operations of the said account(s) products and services.

Yours faithfully.

authorized signatory(s)

Place *city & country* Date *day* *month* *year*

FOR OFFICE USE

Bank Representative's declaration,

I have verified the particulars of the Applicant(s) on the basis of his/her/their documents *(copies attached)* and I am satisfied with the identity of the Applicant(s) who were met in person.

SV

Bank representative:

Name _____ *Date* *day* *month* *year* *Signature* _____

Relationship manager:

Name _____ *Date* *day* *month* *year* *Signature* _____

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