|  |  |
| --- | --- |
| Branch Code……..Company / Business / Govt. Office Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: Account No:Title of Account:Dear valued CustomerIn order to serve you better and strengthen the existing relationship, we are updating our records. You are requested to kindly fill in details and return the form personally visiting the branch, by post or submit the same via email to “customer@nbp.com.pk”. | **Name:****Address:**Window type Envelope |
| 1. NTN # |  |
| 2. Sales Tax Reg # |  |
| 3. Issuing Agency |  |
| 4. Registration #  |  |
| 5. Date of Registration |  |
| 6. Date of Commencement |  |
| 7. Customer Classification | Commercial | Small Enterprise | Medium | Corporate | Customer |
|  |  |  |  |  |
| 8. Nature of Business | Trading | Manufacturing | Import | Export | Govt. Institution |
|  |  |  |  |  |
| 9. Business in cities / countries |  |
| 10. Major Supplier Name |  |
| 11. Major Customer Name |  |
| 12. Detail of Main line Business |  |
| 13. Total Asset Value |  |
| 14. Liabilities |  |
| 15. Net worth |  |
| 16. Monthly Turnover |  |
| 17. Gross Sales |  |
| 18. Frequency of Gross Sales |  |
| 19. Monthly turnover (Debit) | Up to 50,000 | 50,000 to 0.5(M) | 0.5(M) to 1(M) | 1(M) to 5(M) | 5(M) to 10 (M) | 10(M) to 50(M) | 50(M) & Above |
|  |  |  |  |  |  |  |
| 20. Monthly turnover (Credit) | Up to 50,000 | 50,000 to 0.5(M) | 0.5(M) to 1(M) | 1(M) to 5(M) | 5(M) to 10 (M) | 10(M) to 50(M) |
| 21. Address |  |
| 22. Customer deals in | ARMS/TRUST/CHARITY/REAL STATE/SHARE CO./PAN SHOP/THIRD PARTY ACCOUNT |  |
|  |  |  |
| 23.Customer Type | Marketed | Referred By | Walking | Other |
| 24. Description if (Referred) & Other) |  |
| 25.Source of Fund  | Business | Agriculture | Donations  | Services | Others (Please specify) |
| 26. Mode of transaction | Deposit  | Withdrawal | Clearing | Collection | Remittance | Others |
| 27. Country of Remittance |  |
| 28. Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 29. Email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Note: Individual authorized persons CIF to be filled separately.

This Form is available on NBP web site [www.nbp.com.pk](http://www.nbp.com.pk)