The Manager,
_____ Bank
_____ Branch

PPB-CB-1-A

Dated: _____

APPLICATION FOR REGISTRATION – PREMIUM PRIZE BONDS (REGISTERED) (CORPORATE ONLY)

☐ NEW REGISTRATION		☐ AMENDMENTS IN EXISTING REGISTRATION	
Applicant Institution Details		**Type of Institution**	
Institution Name			Sole Proprietorship
NTN / FTN			Partnership
Address:			Limited Company/ Corporation
			Trust, Club, etc
Contact No.			NGOs/NPOs/Charities
Date of Incorporation			Government Department
Operating Instructions	☐ SINGLY	☐ JOINTLY	

Please tick the relevant option.	**YES**	**NO**
I/we want to receive SMS Alert for Profit and Prize Money Payment(s)		
Exempted from Withholding Tax (Please attach Exemption Certificate)		

Account Details (Mandatory)

IBAN	P K	
Account Title		
Bank Name		Bank Account Details Verified (Stamp & Signature of Branch/Operations Manager)
Branch Name		

Authorized Signatories

Name		Name	
Designation		Designation	
CNIC No.		CNIC No.	

TERMS & CONDITIONS

1. *This Scheme is governed under Premium Prize Bonds (Registered) Rules 2017.*
2. *All payments with regards to Prize Money, Profit and Face value (as the case may be) will be credited to the IBAN provided in this application form. Any change in the account number, the institution shall immediately inform the Bank.*
3. *IBAN provided by the applicant must be in the name of institution only.*
4. *The information provided in this application form by the institution shall deemed to be true & complete by the Bank and any misinformation or incorrect details or concealment of facts of any nature whatsoever, the institution shall be held responsible.*
5. *The signature of authorized signatories must be as per their CNIC/SNIC provided.*
6. *Transfer of Bonds shall not be available to corporate investor(s).*
7. *The Currency Transaction Report (CTR) / Suspicious Transaction Report (STR) shall be applicable as per relevant laws.*
8. *Any cutting/overwriting/mutilation must be authenticated by the authorized signatories with their full signatures as per CNIC / SNIC. Further, application form(s) with more than three cuttings/overwriting will not be accepted.*
9. *Any changes in the details provided by the institution in the application form must immediately be informed to the Office of Issue in writing.*
10. *All documents provided by the institution must be endorsed by the Company Secretary of the institution (if applicable).*
11. *The authorized signatories read & understood the terms & conditions as mentioned above and shall comply with the relevant rules and regulations in letter & spirit.*

Signature _____ Signature _____ **Company Seal**

FOR BANK USE ONLY

Verification of Registration.	The information has been verified from the relevant documents / bank record and reported to SBP BSC / Main Branch _____ on _____.
Authorized Bank Officer	**Authorized Bank Officer** **Authorized Bank Officer**