

IDS Project Data Collection Form

Account No. Date

IBAN

Branch & City _____ Branch Code: _____ SBP Code: _____

Type of Account CURRENT SAVING SAHULAT

TITLE OF ACCOUNT: _____ (in Block Letters)

NAME ON CARD: _____

PERSONAL INFORMATION:

Name: _____ (as per CNIC & in Block Letters)

Father's/ Husband Name: _____ Mother's Name: _____

Marital Status: _____ Gender: _____

Nationality: _____ Place of Birth: _____ Date of Birth: _____

CNIC No. - - Expiry date:

House No., Block & Street: _____

Area/Location: _____ City: _____ Postal Code: _____

OCCUPATION:

Service (Govt./Private) Farmer House Wife Student Other: _____

Purpose of A/C: _____ Source of Income: _____ Exp. Monthly Trans. Turnover Dr_____, Cr_____, Rs(M)

Residential Status: House Owned Rental Family, Other_____ Residing Since_____

Next to KIN: Mr./Mrs./Miss./Ms. _____ S,W,D/O: _____

CNIC (Optional): _____ Relationship: _____ Contact No: _____

Address: Residential _____, E-Mail: _____

SERVECIES REQUIRED: Internet Banking Yes No Mobile Banking Yes No

Check Book Yes No

SMS Alerts Yes No

CARD TYPE: Gold Yes No Classic Yes No

ZAKAT DEDUCTION: Yes No