



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 Bank Account # _____

Name of Bank _____

Branch: _____ City: _____

New Bank Account # _____

Name of Bank _____

Branch: _____ City: _____

In case of no previous Bank details tick the check box

Mailing Address

Address: _____

Contact No: _____ Office: _____ Mobile: _____

Customer Signature:
