

سى تدلمىن بهالا اكاؤنط

	3.54.15.2								
Branch Name									
Branch Code	Date D M M Y Y Y Y								
Contact Details	s Update Form								
Title of Account									
Account #									
given below. I / We authorize the Bank to	update my/ our contact details as o use following contact details to alerts / messages/ correspondence ecount.								
Contact	Details								
Mailing Address									
Nearest Landmark									
Tel#	Post Code								
Mob #	E-mail								
agree to keep the bank indem proceedings, actions and dam	pood the terms and conditions and nified against all liabilities, claims, ages in relation to or arising out of quest and transmitting information								
1. Name	2. Name								
Signature	Signature								
For Bank	Use Only								
Specimen Signatures verified and above the system.	-								
1	2. Authorized Cianatura								
Authorized Signature	Authorized Signature								
Name:	Name:								
IBS#	100#								

Disclaimer: The Bank shall not be responsible and do not accept any liability for any loss that you may suffer due to incorrect mobile number / email address / mailing address as furnished by the account holder and non-delivery / delays of all correspondence / alerts due to any other technical reasons.

Contact Details Update Form Acknowledgement

We acknowledge receipt of your request.															
Branch Code						D	ate	D	D	M	M	Υ	Υ	Υ	Υ

Authorized Signatory
Banking Services Manager

Account #

Branch Stamp

Allied Bank Limited Call Centre: 0800-22522