

Date:

Manager
Allied Bank Limited
Branch:
City:

(For TROPS Use)	
IPS A/C #:	
IPS A/C Title:	

Dear Sir/Madam,

REQUEST FOR OPENING OF INVESTOR PORTFOLIO OF SECURITIES (IPS) ACCOUNT

You are requested to open an IPS account for the purpose of placement of Government of Pakistan (GoP) securities i.e. Pakistan Investment Bonds, Treasury Bills, GOP Ijarah Sukuks of any tenor or any other such security issued by the State Bank of Pakistan from time to time on behalf of the Government of Pakistan and is allowed to be maintained in IPS account.

Please note that all debit/credit transactions meant for IPS shall be routed through my / our below-mentioned account for purchase / sale / maturity or coupon payments or as per the settlement instructions shared along with the transaction. Further I give my consent that bank shall communicate/ send the deal confirmation and account statement on the mentioned email address / addresses.

Note: Subsequent IPS transaction request shall be authenticated with the Authorized Signatories updated from time to time on the below mentioned account.

Our PKR account details are mentioned below:

PKR Account Title:	
PKR Account Number:	
Branch Code:	
Contact Number:	
Email Address (Primary):	
Email Address (Alternate):	
Mailing Address:	
CNIC/NTN Number:	

Regards,

Customer(s)' Authorized Signatures :

Name:		Signature:	
Name:		Signature:	

Terms & Conditions

1. I/We hereby agree and undertake to comply with the State Bank of Pakistan Regulations relating to the Investor Portfolio Security (IPS) Accounts at all times.
2. I/We agree and undertake that the decision to buy or sell securities i.e. Pakistan Investment Bonds, Treasury Bills, Government of Pakistan Ijarah Sukuks of any tenor through ABL will be at my/our sole cost, risk and responsibility.
3. I/We agree and undertake to furnish all required documentation and payment through my/our designated account in respective branch of ABL or through Bank's offices before transacting in the approved securities through ABL.
4. I/We further agree and undertake to furnish all required documentation through respective branch or bank's offices on movement of my/our securities from IPS account to another bank or from another bank to my/our IPS A/C with ABL.
5. I/We will be responsible for all taxes that are payable arising out of the investment agreement, subject to the then prevailing Government Regulations.
6. I/We agree to submit valid tax exemption certificate, if any, at-least five days before maturity of securities or profit coupons failing which Allied Bank Limited shall not be held responsible in any manner if they submitted claims with the State bank of Pakistan on maturity of securities or profit coupons.
7. I/we will pay applicable charges as outlined in the Schedule of Bank Charges, which may be revised from time to time.
8. I/We hereby agree and understand that my/our investment will be held in scrip-less form and I/We will not be issued any certificate against my/our investment amount.
9. I/We hereby agree that my/our investment bears profit/interest-rate risk, due to which any changes in market yields may affect the value of my/our investment prior to maturity.
10. I/We hereby agree that in the event I/We request for my/our investment to be liquidated prior to maturity, my/our encashment value may be less than my/our initial invested principal.
11. I/We hereby agree that the bank will not entertain my/our request for encashment or transfer of securities during shut period (as prescribed by SBP) before maturity of securities or coupon payments.

12. I/We agree that all the information provided by me/us in the Application form is correct / accurate. I In case any information provided turns out to be omitted, or inaccurate or materially wrong, I would be liable for any losses borne by Allied Bank acting on my/our instructions.

Declaration I / We certify that I / We have carefully read and understood the terms and conditions and will abide by the same.

Customer(s)' Authorized Signatures

Name:		Signature:	
Name:		Signature:	
Name:		Signature:	
Name:		Signature:	

For Official Use Only

I / We certify to have verified the identity and credentials of the customer(s). I also confirm that an updated KYC of the customer has been conducted by me and maintained in the branch records.

We forward herewith duly filled, verified and authorized IPS Account Opening Request of our customer.

Treasury Operations (TROPs) is requested to please establish IPS Account of our above named customer.

Branch Verification and Authorization

Branch Verifier Name

IBS Number.....

Branch Name & Code.....

Date.....

Signature.....

Branch Authorizer Name.....

IBS Number.....

Branch Name & Code.....

Date

Signature.....