

Request Form For Change in Portfolio Information

Al Meezan mein Itminan hai.

Day INFORM	Month ATION ABO	Year					Portfolio No.			
INFORM	ATION ABO					L				
INFORM	ATION ABO									
INFORMATION ABOUT PRINCIPAL ACCOUNT HOLDER:										
Name (as per CNIC) Mr./Mrs./Ms.:										
CHANGE IN BANK ACCOUNT INFORMATION										
Bank Account Number:										
Bank Name & Branch:										
CHANGE IN CONTACT INFORMATION										
Mailing Address:										
Telephone Number:					Mobile Number:					
Email Ac	Email Address:									
(Updated CNIC copy will be required to change Mailing address) Note: If Mailing Address is different from Current CNIC Address then additional document such as Utility Bill / Rental Agreement / etc. will be required.										
DISPATCH INSTRUCTIONS										
If you wish to receive e-Statement only instead of courier, please tick mark 🗆 (this option is valid only if you have provided an email address)										
CHANGE IN ACCOUNT OPERATING INSTRUCTIONS (Form to be signed by account holder(s) as per operating instructions provided earlier)										
☐ Principal Account Holder only ☐ Either or Survivor ☐ Jointly (All) ☐ Jointly (any two signatures) ☐ Other instructions (attached)										
CHANGE IN DIVIDEND MANDATE										
Cash Dividend: ☐ Re-invest OR ☐ Provide Cash S						Stock Dividend:	Stock Dividend: Issue bonus units OR Encash bonus units			
NEXT OF KIN (only one applicant)										
Name:										
Contact	Contact Number:					Relationship:				
Address:										
DECLAR	ATION									
I/We hereby confirm that the details provided are true and correct to the best of my knowledge. I authorize AI Meezan to make additions and/or changes through this form in my portfolio as stated. I hereby accept that the company may at any time require verification before processing the requested information in this form via telephonic verification or requiring certain identification before acting upon my instructions. I understand that appropriate Due Diligence and Call back confirmation will be required to change the information as stated above. Signature of Applicant(s) (With rubber stamp incase of institutional client)										
FOR OFFICIAL USE ONLY										
Receiving Office Information										
Receiving Person:						Officer Signature & Stamp: Date			Date	
For Customer Services Use Only:					For Tran	nsfer Agent Use C	Only:			
Ticket No. Signature			Date		Signature	Nam	е	Date		