



IVR Dealer/Customer Registration Request Form

				<input type="checkbox"/> New	<input type="checkbox"/> Change Request
Company Name:					
Company Code:					
Company Collection Account Nos.	<u>Account No.1:</u>	<u>Account No.2:</u>	<u>Account No.3:</u>	Dealer Voice Prompt	
Dealer/Franchisee/ Distributor Name:	<u>Dealer Code:</u>	<u>Dealer Code:</u>	<u>Dealer Code:</u>		
Dealer Title of Account	Dealer Account Number (16 digits account no.)	Account Holder Signature	Branch Signature Verification	Branch Code	
Account Holder's CNIC:			Account Holder's NTN :		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mailing Address:					
Dealer's Information					
Dealer's Phone number (<i>this number will be verified through CLI on dealer registration</i>):		Primary Mobile No.:			
		Secondary Mobile No.:			
		Landline No.:			
Mother Maiden Name:		Date of Birth (DD/MM/YYYY):			
Mobile Number for SMS Alerts:		Email Address for Alerts:			
			Dealer Signature		Dealer / Rubber Stamp
P.S:- Please note that ALL fields are MANDATORY and should be filled appropriately					
For Internal Use Only					
Client Services Team:		Signature:		Date:	
Operations Team:		Signature:		Date:	
Product Team:		Signature:		Date:	