



Customer Request Form for IVR / OFT Registration

IVR - <input type="checkbox"/>	NEW <input type="checkbox"/>	CR <input type="checkbox"/>
OFT - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customer Code:				
Customer Name:				
Customer Collection Account Nos.	<u>Account No.1:</u>	<u>Account No.2:</u>	<u>Account No. 3:</u>	Dealer Voice Prompt
Dealership/Franchisee/Distributor:	<u>Dealer Code:</u>	<u>Dealer Code:</u>	<u>Dealer Code:</u>	
Dealer Account Title	Dealer Account Number	Account Holder Signature	Branch Signature Verification	
Account Holder's NTN :				
Account Holder's CNIC:				
Mailing Address:				

For IVR

Dealer's Phone number (this number will be verified through CLI on dealer registration):	Primary Mobile #:	
	Secondary Mobile #:	
	Landline #:	
Mother Maiden Name:	Date of Birth (DD/MM/YYYY):	
Mobile Number for SMS Alerts:	Email Address for Alerts:	

For OFT (Online Funds Transfer)

Customer Name	User ID	Email Address

P.S:- Please note that all Fields are mandatory and should be filled appropriately

**Dealer/Franchisee
Rubber Stamp**



For Internal Use Only

Client Services Team: _____ Signature: _____ Date: _____

Operations Team: _____ Signature: _____ Date: _____

Product Team: _____ Signature: _____ Date: _____