



MCB Bank Ltd.

Transaction Banking Division

OFT Dealer/Customer Registration Request Form

New <input type="checkbox"/>	Change Request <input type="checkbox"/>
---------------------------------	--

Company Name:																																		
Company Code:																																		
Company Collection Account Nos	<u>Account No.1:</u>	<u>Account No.2:</u>	<u>Account No.3:</u>																															
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 No:		Account Holder's NTN No:																																
<table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							-											<table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> </table>														-		
					-																													
												-																						

Primary Mobile No:- (To be Registered)	Secondary Mobile No:-
--	-----------------------

For Online Funds Transfer (OFT)

Dealer Name	User ID	Email Address

Dealer Signature _____	<div style="border: 2px solid black; width: 100%; height: 80px; margin: 0 auto;"></div> 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: _____