Bank Alfalah

Date: D D M M Y Y Y Y

DEBIT CARD APPLICATION

Name to Appear on Debit Card:
(Maximum 19 Characters)

Correspondence Address (Please tick one): ☐ Present Address ☐ Permanent Address ☐ Business/Employment Address

Enable NFC Transactions (Please tick one): ☐ Yes ☐ No

I authorize Bank Alfalah to issue a Bank Alfalah VISA Debit Card to me in lieu of an ATM Card. I acknowledge that the issue and usage of the Card is governed by the "Terms and Conditions" as in force from time to time and agree to be bound by the same. I acknowledge that it is my responsibility to obtain a copy and read the same. I accept that the Terms and Conditions are liable to be amended by Bank Alfalah from time to time. I also declare that all the data in the Application Form are true and accurate, and I shall immediately notify Bank Alfalah of any changes thereto.

I further unconditionally and irrevocably authorize Bank Alfalah to debit my account with any amount equivalent to any fees and charges thereon as per prevailing schedule of charges.

Applicant's Name: _____ **Signature of Applicant:** _____

FOR BANK USE ONLY

Account No: _____ – _____ **Unique Customer ID No:** _____

1. To be filled by Branch:

Branch Name: _____

Received Date: D D M M Y Y Y Y

Verified By
(Signature with Seal)

Authorized By
(Signature with Seal)

2. To be filled by Card Operations:

Card Number:

Pre-Screened By
(Signature with Seal)

Data Posted By
(Signature with Seal)

Send Back Remarks (if any):