

ALFALAH TRANSACT DEALER ENROLLMENT FORM E – COLLECTION

CIF Number:	Account Number:
Branch Name:	Branch Code:

Dealer Information	
Dealer Code	
Dealer Name	

Personal Information	
Title of Account	
Phone Number	
Registered Mobile Number	
CNIC	
NTN Number	
Date of Birth (DD/MM/YYYY)	
Registered Email Address	

Company Information		
Company Name		
Company Code		
Company Collection Account Number		

This Section to be filled out by Transaction Banking Sales Team				
Submitted By:	Signature:	Date:		
Approved By:	Signature:	Date:		