The Manager,
_____ Bank
_____ Branch

PPB-CB-1

Dated: _____

APPLICATION FOR REGISTRATION – PREMIUM PRIZE BONDS (REGISTERED) (INDIVIDUALS ONLY)

☐ **NEW REGISTRATION** ☐ **AMENDMENTS IN EXISTING REGISTRATION**

Personal Information – Applicant – 1	**Operating Instructions** (For Joint Investments only)
Name	☐ **JOINT – A** Payable to holders jointly or either with written consent of the other
Father/Husband Name:	
Address:	
CNIC No. - -	☐ **JOINT – B** Payable to either or survivor
Expiry Date / Mobile	
NTN - ☐ Filer ☐ Non-Filer	

Personal Information – Applicant – 2	**Contact Person**
Name:	Name
Father/Husband Name:	Relationship with investor
Address:	Contact No.
	CNIC
CNIC No. - -	Address:
CNIC Expiry Date / Mobile No.	
NTN -	

I/we want to receive SMS Alert for Profit and Prize Money Payment(s)	☐ YES	☐ NO

Bank Account Details (Mandatory)

IBAN	**P K**
Account Title	
Bank Name	Bank Account Details Verified (Stamp & Signature of Branch/Operations Manager)
Branch Name	

TERMS & CONDITIONS

1. *This Scheme is governed under Premium Prize Bonds (Registered) Rules 2017.*
2. *All payments with regards to Prize Money, Profit and Face value (as the case may be) will be credited to the IBAN provided by the applicant in this application form. Any change in the account number, the applicant shall immediately inform the Bank.*
3. *IBAN provided by the applicant must be in his/her own name and cannot be of any other person whatsoever.*
4. *The information provided in this application form by the applicant shall deemed to be true & complete by the Bank and any misinformation or incorrect details or concealment of facts of any nature whatsoever, the applicant shall be held responsible.*
5. *The signature of applicant(s) must be as per the CNIC/SNIC provided.*
6. *The Currency Transaction Report (CTR) / Suspicious Transaction Report (STR) shall be applicable as per relevant laws.*
7. *Any cutting/overwriting/mutilation must be authenticated by the applicant with full signatures as per CNIC / SNIC. Further, application form(s) with more than three cuttings/overwriting will not be accepted.*
8. *I/we have read & understood the terms & conditions as mentioned above and shall comply with the relevant rules and regulations in letter & spirit.*

Signature _____ Signature _____

FOR BANK USE ONLY

Verification of Registration.	The information has been verified from the relevant documents / bank record and reported to SBP BSC / Main Branch _____ on _____.
Authorized Bank Officer	**Authorized Bank Officer** **Authorized Bank Officer**