



NAEL CAPITAL (PVT.) LIMITED

ACCOUNT UPDATION FORM

Date: _____

Account Title/Name: _____ Account #: _____

Please tick (✓) the checkbox for required changes.

<input type="checkbox"/> ADDRESS	
Current Address: _____	
New Address: _____	
<input type="checkbox"/> CONTACT	
<u>Current</u>	<u>New</u>
Home: _____	Home: _____
Office: _____	Office: _____
Cell: _____	Cell: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____
<input type="checkbox"/> ZAKAT STATUS	
<input type="checkbox"/> Muslim Zakat payable	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Muslim Zakat non-payable (Zakat declaration form is mandatory)	
<input type="checkbox"/> DIVIDEND MANDATE <input type="checkbox"/> ACTIVATE <input type="checkbox"/> DEACTIVATE	
A/C Title: _____	Bank A/C #: _____
Bank Name: _____	Branch: _____
Bank Address: _____	City: _____
<input type="checkbox"/> NOMINATION (Attested CNIC copy required) <input type="checkbox"/> ACTIVATE <input type="checkbox"/> DEACTIVATE	
<u>Current Nominee (if any)</u>	<u>New Nominee</u>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
CNIC #: _____	CNIC #: _____
For the above request(s), I/We authorize Nael Capital (Pvt.) Ltd. to proceed with the requests in above mentioned account.	
_____	_____
Client's Signature	Joint Account Holder's Signature
FOR OFFICE USE ONLY	
We certify that client's requests/instructions have been admitted and verified by us.	
_____	_____
Head of Operations	Sales Person
_____	_____
Compliance	Date

Note: Kindly fill this form and send it through courier to NCPL