HBL

حبيب بنك المحدود
HABIB BANK LIMITED

Accountholder Information Update Form

Personal Banking and Business Banking Accountholders

* Indicates mandatory field

NOTE: Please fill-in this form in "BLOCK" letters and sign at all required places. Please only fill-in the information which is required to be updated, cross-out other fields to leave the currently available information with the bank as-is.

Date * D D M M Y Y Y Y **Branch*** Code Name

Account Details

Account Name *

Account Number *

I/We request you to please update my/our information as per the details mentioned below.

Personal Information

Name *(As per Passport/ID)*

Marital Status ☐ Single ☐ Married Gender ☐ Male ☐ Female Date of birth D D M M Y Y Y Y

Nationality Mother's Maiden Name

Residence Address and Contact Details in UAE (This information will be used for all communication and other interactions such as Letters, SMS Alerts, E-Statements, etc.)

Apartment/Villa No. Building / Community Name

Area Emirate

P.O. Box No. Mobile No. (1) Mobile No. (2) Telephone No.

Email Address Fax No.

Permanent Home Country Address and Contact Details

Apartment/Villa No. Building / Community Name

Area State City Country

P.O. Box No. Mobile No. (1) Mobile No. (2) Telephone No.

Employment and Income Details

Employer / Company Name

Designation/Position Department

Monthly Salary / Income in AED Other Monthly Income in AED

Source of Income ☐ Salaried ☐ Self-Employed ☐ Other Source of Other Income

Office No. Floor No. Building Name

Area Emirate P.O. Box No.

Primary Accountholder Name	Signature	Signature Verification (Branch Staff)	Company Stamp (For Business Accountholders)
First Joint Accountholder Name	Signature	Signature Verification (Branch Staff)	
Second Joint Accountholder Name	Signature	Signature Verification (Branch Staff)	

For Bank Use only

	Name	Signature	Date
Application Approved by			
Application Processed by			
Application Supervised by			

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