

NOTE: Please fill-in this form in "BLOCK" letters and sign at all required places.

\* Indicates mandatory field

Date\*         Branch\*

D D M M Y Y Y Y Code Name

**Remitter Details**

Membership Number \*           Member Type  Account  Cash

Full Name \*

Mobile Number \*  Phone Number

**Remitter Account Details** (Mandatory for account transactions)

Account Name

Account Number

**Transaction Details**

Transaction Currency and Amount \*   Transaction Ref. No. \*

**Beneficiary Details**

CNIC / Passport No. \*  Date of Birth \*

D D M M Y Y Y Y

Full Name \*

Mobile Number \*  Phone Number

Email Address

Address \*

Country \*  PAKISTAN Relationship \*

**Beneficiary Account Details**

Account Name

Account Number

IBAN Number

Bank Name

Branch Name and Code

Bank City and Address

**Amendment/Cancellation Instructions**

Please select one option only

Please cancel the transaction mentioned above and credit the amount to the above mentioned account

Please cancel the transaction mentioned above and provide the amount in cash

Please amend the beneficiary details as mentioned above and process the transaction to the beneficiary

**Declaration**

I/We hereby request HBL to process the above mentioned request as per the amendment instructions. I/We, the undersigned, hereby declare to have read and unconditionally agree to HBL's Terms and Conditions.

Remitter's Signature

**For Bank Use only**

	<input type="checkbox"/> Signature verified (for accountholders only)	<input type="checkbox"/> Emirates ID original seen & copy attached (for cash remitters only)
	Name	Signature
Received by / Signature Verified by	<input type="text"/>	<input type="text"/>
Processed by	<input type="text"/>	<input type="text"/>
Supervised by	<input type="text"/>	<input type="text"/>