BMA Capital Management
Customer Services Department
Level 8, Unitower, I.I. Chundrigar Road,
Karachi - 74000

ACCOUNT UPDATION FORM

Date:_____

Account Title / Name:_____ Client Code: _____ CDC Sub A/c No: _____

Kindly Tick (✓) the checkbox required for amendment.

☐ ADDRESS

Current Mailing Address:_____

New Mailing Address:_____

Permanent Address:_____

☐ CONTACT

CURRENT	NEW
Home:_____	Home:_____
Office:_____	Office:_____
Cell:_____	Cell:_____
Fax:_____	Fax:_____
Email:_____	Email:_____

☐ ZAKAT STATUS

☐ Enable (Zakat Declaration Form is Mandatory)

☐ Disable

☐ DIVIDEND MANDATE (Title Account Holder Only)

A/c Title:_____ Bank Account No.:_____

IBAN No: (Mandatory) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Name: _____ City: _____ Branch:_____

Bank Address: _____

☐ NOMINATION (Attested CNIC copy required) ☐ Activate ☐ De-Activate

CURRENT NOMINEE (If any)	NEW NOMINEE
Name:_____	Name:_____
Relationship:_____	Relationship:_____
CNIC No.:_____	CNIC No.:_____

☐ ACTIVATION OF CDC Services SMS ☐ IVR ☐ Web Services ☐

Local Cell No.:_____ Mother's Name: _____

Date of Birth: _____ Registered email address: _____

Account Holder	Current Joint A/C Holder-1	Current Joint A/C Holder-2	Current Joint A/C Holder-3