

Application ID;


 Date / /
DD / MM / YYYY
Subscription Form for Allied SMS Banking Facility
I wish to subscribe for Allied SMS Banking facility through my Registered Mobile Number. My details are as under:

Title of Account _____

Name as per CNIC _____

Permanent Address _____

Current Mailing Address _____

Landline Telephone Number _____ E-Mail _____

CNIC/SNIC or NICOP

Account Number(s): (Complete with Branch Code)

	Branch Code	Account Number
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>

 Primary Account: 1 2 3 Any other (Mention Serial No. _____)

 Mobile Number:

 Customer Type: Individual Corporate Merchant

Alias/Short name: 1: _____ 2: _____ 3: _____

Product Offerings:

<input type="checkbox"/> Premium Customized SMS Commands***	<input type="checkbox"/> Standard SMS Commands***
<input type="checkbox"/> Balance Inquiry _____	<input type="checkbox"/> Balance Inquiry BI or BAL
<input type="checkbox"/> Mini Statement _____	<input type="checkbox"/> Mini Statement MS or MINI
<input type="checkbox"/> Utility / Mobile Bills _____	<input type="checkbox"/> Utility / Mobile Bills PB or PAYBILL
<input type="checkbox"/> Funds Transfer (Self Account) _____	<input type="checkbox"/> Funds Transfer (Self Account) FTS or FTSELF
<input type="checkbox"/> Funds Transfer (Any ABL Account) _____	<input type="checkbox"/> Funds Transfer (Any ABL Account) FTA or FTABL
<input type="checkbox"/> Funds Transfer (Other Bank's Account) _____	<input type="checkbox"/> Funds Transfer (Other Bank's Account) FTIB or IBFT
<input type="checkbox"/> Pay Anyone (Payable at any ABL Branch) _____	<input type="checkbox"/> Pay Anyone (Payable at any ABL Branch) PAB or PAYANYONEBRANCH
<input type="checkbox"/> Cheque Book Request _____	<input type="checkbox"/> Cheque Book Request CBR
<input type="checkbox"/> Add Payee Funds Transfer (Frequent Payee) _____	<input type="checkbox"/> Add Payee Funds Transfer (Frequent Payee) APFT or ADDPAYEE
<input type="checkbox"/> Add Payee-Bill Payment (Frequent Payments) _____	<input type="checkbox"/> Add Payee-Bill Payment (Frequent Payments) APBP or ADDBILLER
<input type="checkbox"/> View Details _____	<input type="checkbox"/> View Details VW or VIEW
<input type="checkbox"/> Help _____	<input type="checkbox"/> Help HELP

Preferred Automated IVR Language (If any)
 Urdu English Punjabi Sindhi Balochi Pashto Saraiki

Acceptance/Declaration:

- That I ("accountholder/customer") hereby confirm to have received, read and completely understood the Terms and Conditions for Allied SMS Banking Services.
- The Terms and Conditions shall form and constitute a legal contract between ABL and me in relation to the use of Allied SMS Banking Services.
- As a token of acceptance of these Terms and Conditions, I ("accountholder/customer") have signed/affixed my thumb impression hereunder.

Customer's Signature _____

For Branch use only

- All Particulars of Account Holder mentioned above are verified as per Bank's Record
- Customer's Acceptance/Declaration and Terms & Conditions(Over leaf) signed by the customer.
- Signature verified as per Bank's Record
- SMS services activated

 SBSO / BSO IBS No.

 BSM IBS No.

* For more accounts attach additional sheet

*** SMS Commands are NOT Case Sensitive

Please fill the form and submit at your nearest branch