

# Apna Microfinance Bank Limited

## APNA MOBILE BANKING REGISTRATION/ACTIVATION FORM

Branch Code

Date

Branch Name: \_\_\_\_\_

(Please fill the form in block letters)

Existing Card #

ATM Card No:

Mobile No:

Full Name (As per Branch record)

Date of Birth

Mother's Maiden Name

CNIC No.

-

Gender

Male

Female

Passport # (for Foreign Nationals only)

Nationality

Pakistani

Other \_\_\_\_\_

Mailing address as per branch record

Tel No Office:

Res:

Mobile No:

I have read and agreed with the terms and conditions of Apna mobile phone banking service.

**For Branch use only**

**Applicant's Signature**

Application #

Date

Details verified as per branch record & approved for registration\ activation of mobile phone banking service.

Authorized Signature

Authorized Signature

**For Customer Reference**

Processing Date:

Registration Date:

Authorized Signature

Authorized Signature

**Note:** Apna mobile phone banking service can only be applicable on existing ATM card holders.