ANNEXURE – I

Application Form - MCB

Umrah Mubarak Scheme

Name _____

Grade / Cadre _____ *(Assistant/Cash, OG-I/II/III, AVP/VP/SVP, EVP/SEVP)*

Employee # | | | | | |

Date of Birth | | | - | | | - | | | | | Marital Status _____

Place of Posting _____ Code | | | | |

Region _____ Circle _____

Group _____

CNIC No. | | | | | | — | | | | | | | | | — | |

Address (Off):	Tel _____
	Fax _____

Address (Res):	Tel _____
	Mobile _____

Email Address: _____

Subscription Option *(please tick "✓" one box only)*

☐ Monthly Payment ☐ Upfront payment

I have read and clearly understood the terms of Umrah Mubarak Scheme printed overleaf (Annexure – II) which are acceptable to me and hereby agree to abide by and be bound and governed under said terms and conditions along with any modifications or amendments which may be carried out therein from time to time.

Documents to be attached	
✓	Copy of CNIC
✓	Copy of Employment Card

		-			-	2	0		
(day)			(month)			(year)			

_____

Signature of Applicant

FOR OFFICE USE ONLY

Processed By: _____

Membership No. allotted

Dated: | | | - | | | - | 2 | 0 | | |