



NATIONAL INVESTMENT TRUST LIMITED

Signature Card (Branch Copy)

Invest in Trust

NIT Branch / Distributor: _____

A/c. No.: _____		Account Opening Date (DD/MM/YYYY): ____/____/____	
Title of Account: <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>			
Fund Name: _____			
Specimen Signatures (as per NIT record):			
SIGNATORY NO.1		SIGNATORY NO.2	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
SIGNATORY NO.3		SIGNATORY NO.4	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
Account Operating Instructions: 1. <input type="checkbox"/> 1 st Signatory 2. <input type="checkbox"/> Jointly (any two) 3. <input type="checkbox"/> Jointly (all) 4. <input type="checkbox"/> Any One _____			
FOR OFFICIAL USE ONLY			
Checked & verified by:			
_____ Signature of Authorized Official		_____ Branch Stamp	_____ Signature of Branch Manager

Note: Please fill with Black ink and mark "Void" unused signature spaces(s). All fields are mandatory.



NATIONAL INVESTMENT TRUST LIMITED

Signature Card (UHRS Copy)

Invest in Trust

NIT Branch / Distributor: _____

A/c. No.: _____		Account Opening Date (DD/MM/YYYY): ____/____/____	
Title of Account: <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"></table>			
Fund Name: _____			
Specimen Signatures (as per NIT record):			
SIGNATORY NO.1		SIGNATORY NO.2	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
SIGNATORY NO.3		SIGNATORY NO.4	
Name: _____		Name: _____	
CNIC No.: _____		CNIC No.: _____	
CNIC Expiry Date: _____		CNIC Expiry Date: _____	
Account Operating Instructions: 1. <input type="checkbox"/> 1 st Signatory 2. <input type="checkbox"/> Jointly (any two) 3. <input type="checkbox"/> Jointly (all) 4. <input type="checkbox"/> Any One _____			
FOR OFFICIAL USE ONLY			
Checked & verified by:			
_____ Signature of Authorized Official		_____ Branch Stamp	_____ Signature of Branch Manager

Note: Please fill with Black ink and mark "Void" unused signature spaces(s). All fields are mandatory.