



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):									
PRINCIPAL UNIT HOLDER					1-JOINT UNIT HOLDER				
Name: _____					Name: _____				
CNIC No.: _____					CNIC No.: _____				
CNIC Expiry Date: _____					CNIC Expiry Date: _____				
2-JOINT UNIT HOLDER					3-JOINT UNIT HOLDER				
Name: _____					Name: _____				
CNIC No.: _____					CNIC No.: _____				
CNIC Expiry Date: _____					CNIC Expiry Date: _____				
Account Operating Instructions: 1. <input type="checkbox"/> Principal 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):									
PRINCIPAL UNIT HOLDER					1-JOINT UNIT HOLDER				
Name: _____					Name: _____				
CNIC No.: _____					CNIC No.: _____				
CNIC Expiry Date: _____					CNIC Expiry Date: _____				
2-JOINT UNIT HOLDER					3-JOINT UNIT HOLDER				
Name: _____					Name: _____				
CNIC No.: _____					CNIC No.: _____				
CNIC Expiry Date: _____					CNIC Expiry Date: _____				
Account Operating Instructions: 1. <input type="checkbox"/> Principal 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		

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