



## 24SE7EN eStatement Subscription Form for Individual/Company Accounts

I / M/s \_\_\_\_\_ (herein after referred to as 'I' / 'We') request/s Atlas Bank Ltd. for subscription to 24SE7EN eStatements facility, as per the following mandated details:

Daily    Weekly (Day of the Week) \_\_\_\_\_    Monthly (Date every Month) \_\_\_\_\_    Quarterly (Date every Quarter) \_\_\_\_\_

For my/our Account No.: \_\_\_\_\_ with Atlas Bank Ltd. I / We further authorize myself or the following persons with their given email address(es) to receive the eStatements for the mentioned account.

|   |                 |           |                 |
|---|-----------------|-----------|-----------------|
| 1 | Name:           |           | CNIC:           |
|   | Designation:    | Landline: | Mobile (Local): |
|   | E-Mail Address: |           |                 |

|   |                 |           |                 |
|---|-----------------|-----------|-----------------|
| 2 | Name:           |           | CNIC:           |
|   | Designation:    | Landline: | Mobile (Local): |
|   | E-Mail Address: |           |                 |

|   |                 |           |                 |
|---|-----------------|-----------|-----------------|
| 3 | Name:           |           | CNIC:           |
|   | Designation:    | Landline: | Mobile (Local): |
|   | E-Mail Address: |           |                 |

I / We understand that 24SE7EN eStatement facility provided by the Bank is only an information service and does not have any legal value. I / We, hereby, waive and discharge the Bank fully from any implied or express obligation of confidentiality/non-disclosure, which may result as a consequence of the Bank complying with the mandate and/or any break-down, malfunction, erroneous or unauthorized transmission or access to the statement and/or any claims made by me/us for any loss or damage. I / We also understand that the transmission related network delays would not be construed as an action by the Bank and therefore not held against the Bank. I / We also acknowledge and place on record that there are inherent problems in verifying the authenticity of email transmission, and the Bank shall provide the statements via email in an un-encrypted form in response to our specific request for our convenience and, in so doing, deviate from the Bank's general operating procedure at my/our sole responsibility for any risk involved. I / We also agree to pay any charges levied by the Bank for providing the facility of eStatements via e-mail as per the Bank's schedule of charges, as amended from time to time. I / We further undertake that I/we will inform the Bank in writing about the termination of eStatement facility to any or all of its nominated persons at least 7 working days in advance and the Bank will not be held responsible for any misuse thereof.

I / We further agree to abide by all the terms and conditions governing the account operations in place and any changes made to them from time to time.

Date submitted: \_\_\_\_\_

\_\_\_\_\_  
Signature / Authorized Signatory 1

\_\_\_\_\_  
Authorized Signatory 2

\_\_\_\_\_  
Authorized Signatory 3

\_\_\_\_\_  
Authorized Signatory 4

\_\_\_\_\_  
Authorized Signatory 5

\_\_\_\_\_  
Authorized Signatory 6

### **For Bank use only**

Approved By (Branch): \_\_\_\_\_ Signature Verified By (Branch): \_\_\_\_\_

Entered into system by: \_\_\_\_\_

Date: \_\_\_\_\_