

Al-Arafah Islami Bank Ltd.

Internet Banking Transaction Limit Profile Form						
	Branch					
Date:						
Branc	h Name:					
User N	Name/id:					
E-mail	l id:					
Mobile	e no:					
I/We h	nereby want to appr	ove my/ou	r following ac	count(s) to Ch	ange Transac	ction Profile:
SL No.	A/C Number		Customer ID	Signature (Signature according to signature guidelines)		
I/We hereby want to appropriate following manner: Fund Transfer Type		Max. No. of Transaction (Daily)	f Per Day	Max. No. of Transaction (Monthly)	Per Month Transaction Limit	Per Transaction Limit
Fund Transfer to AIBL Accounts						
Fund Transfer - Local Other Bank Account-EFT Fund Transfer - Local Other Bank Account-NPSB Fund Transfer-RTGS						
Bill Payments-Own cards						
Bill Payments- Other cards& Bills (EFT)						
Bill Pa	ayments- Other & Bills (NPSB)					
Comm	ents:					
Verifie	d by Branch Official (f	ull signature	& Seal)			
Name	and Signature of Bran	ch Managei	/ 2nd Manager (full signature &	Seal)	