



## APPLICATION FOR HIRING LOCKER

| Date |     |       |      |  |
|------|-----|-------|------|--|
|      | Day | Month | Year |  |

| The Manager<br>National Bank of                     | f Paki        | stan           |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
|---|---------------|----------------|------------------|-------------------|------------------|------------------|-----------------|------------------|------------------|------------------|-----------------|----------|---------|--------|---------|
|   |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Dear Sir / Madaı                                    | m,            |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
|   | me / u        | us at n        | ny /             | our               | reques           | st on            | paym            | ent of           | (a)              | Safe             | Depo            | sit Lo   | ckers   | Fee    | of Rs.  |
| commencement<br>as may be deter<br>(c) payment of A | mined         | d by y         | ou (b)           | recov             | pto _<br>ery of  | Key              | un<br>Depo      | less t<br>sit as | herea<br>presc   | fter re<br>ribed | enewe<br>in Tar | d muti   | ually a | t suc  | ch rent |
| The conditions of thoroughly unde                   | n whi         | ch yo          | u have<br>ne/ us | e acce<br>and v   | eded to          | o my a           | our i           | eques            | st, as<br>ne/us. | set-fo           | orth on         | the re   | verse   | hav    | e been  |
| l / we append be<br>Any change in m                 | ny / ou       | ur add         | ur add<br>ress v | ress /<br>vill be | partic<br>duly r | ulars<br>notifie | and s<br>d to y | specin<br>ou.    | nen si           | gnatu            | ire/s to        | o facili | ate ide | entifi | cation. |
| Particulars of L                                    | icens         | ee             |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Full Name   |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Father/<br>Husband Name                             |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        | vi-     |
| CNIC No.  |               |                |                  |                   |                  | -                |                 |                  |                  |                  |                 |          |         | -      |         |
| Address –<br>Residence                              |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Address –<br>Office                                 |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          | 8.37    | V      |         |
| Profession:   |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Employer *  |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Telephone   | Off.          |                |                  | Fa                | Fax Res.         |                  |                 |                  |                  |                  |                 |          |         |        |         |
|   | Mob           | ile            |                  | Em                | nail:            |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Full Name   |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Father/<br>Husband Name                             |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| CNIC No.  |               |                |                  |                   |                  | -                |                 |                  |                  |                  |                 |          |         | -      |         |
| Address –<br>Residence                              |               | A <sup>P</sup> |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Address –<br>Office                                 | E 88          |                |                  |                   |                  |                  |                 |                  |                  |                  | Wife            |          |         |        |         |
| Profession:   |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Employer *  |               |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |
| Telephone   | Off.          |                |                  | Fa                | ×                |                  | Res             | S.               |                  |                  |                 |          |         |        |         |
|   | Mobile Email: |                |                  |                   |                  |                  |                 |                  |                  |                  |                 |          |         |        |         |

<sup>\*</sup> in case of salaried person.

| Ful I Name   |  |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
|--|--|-----------|----------------|-------------------|--------------------|-----------------------|---------------|--------------|----------|----------|---------------|---------|------|---|
| Father/  |  |           |                |                   |                    | 211                   |               |              |          |          |               |         |      |   |
| Husband Name CNIC No.  |  |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
| Address  Residence   |  |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
| Address   Office   |  |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
| Profession:  |  |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
| Employer *   | 7  |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
| Talaabaaa  | Off                                      | Z-        | Fax            | (                 |                    | Res                   |               |              |          |          |               |         |      |   |
| Telephone  | Mobile                                   |           | Em             | ail:              |                    |                       | 12-61         |              |          |          |               |         |      |   |
| * in case of salaried  | d person.                                |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
|  |  | The       | locker         | will be           | operat             | ted by (              | please        | tick re      | levant   | box)     |               |         |      |   |
| Operat ing Instru  | str u ct ion s                           |           |                | Singly<br>ny On e | 9)                 |                       | Join<br>(By   | ntly<br>All) |          |          | Any two       |         |      |   |
| / We authorize Ba  | ink to Debit my                          | // our Ac | count          | for rec           | overy o            | of locke              | dues,         | particu      | ulars of | which    | are as        | under:  |      |   |
|  |  |           | Cur            | Current PL        |                    |                       | PLS           | S Savings    |          |          | NIDA          | Α       |      | - |
| Type of Account (Please tick relevant box)                   |  |           | BBA            |                   |                    | Premium Saver         |               |              |          | MIS      |               |         |      |   |
|  |  |           | FC Current     |                   |                    |                       | FC Saving     |              |          |          |               |         |      |   |
| Account No.  |  |           |                | Ad                | count              | Tit le:               |               |              |          |          |               |         |      |   |
| Strike out if not a  I/We offer and au  Certificates to meet | pplicable) uthorize Bank t the prescribe | to mark   | k unde         | er lien           | OR the fo          | o                     | Term          | Depos        | sit Red  | ceipts / |               |         |      |   |
| TDR / PA   | AC NO.                                   | An        | nount          |                   | Р                  | Period of Maturity Ma |               |              |          |          | turit y Dueon |         |      |   |
|  |  |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
| /We have signed a  | and handed ov<br>ceptance of te          | er to the | Bran<br>condit | ch the            | prescri<br>ontaine | bed "U<br>d there     | ndertak<br>n. | king-cu      | m-Ackr   | nowledg  | gemen         | t Form" | as a |   |
| Specime n Signatu  | re of Per son (                          | s) Autho  | rized          | for Op            | erating            | Locke                 | r             |              |          |          |               |         |      | 1 |
|  |  |           |                |                   |                    |                       |               |              |          |          |               |         |      |   |
| 1(NAME WITH  | 1  |           |                |                   |                    | IATURE                | ≣)            |              |          |          |               |         |      |   |
| CNIC#  | С  | CNIC#     |                |                   |                    | CN                    | CNIC#         |              |          |          |               |         |      |   |

|  | when I/we are not<br>Agreement / clearing  | f person/next of kin<br>available / contacta<br>ng dues or charges.  | to be contacted able / traceable   | for ascertaining mat the given addr  | ress for renewal   |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Next of Kin  | Name   | THE STATE OF THE S |  |  |  |  |  |  |  |
| (Mandatory in case of Single Licensee)   | Father Name<br>CNIC No.  |  |  |  |  |  |  |  |  |
| a. Onigio Elocitocoj   | Address  |  |  |  |  |  |  |  |  |
|  | Telephone  | Off  |  | Fau  | D  |  |  |  |  |
|  | relephone  | Control of the last of the las |  | Fax  | Res.   |  |  |  |  |
|  |  | Mo   | bile   | Email:   |  |  |  |  |  |
|  |  | Yours fait   | hfully   |  |  |  |  |  |  |
| 1. (SIGNATURE WI   | AND THE PERSON NAMED AND PARTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU | GNATURE WITH N.<br>( Licensee Signatur   | AME)   | 3<br>(SIGNATURE W  | /ITH NAME)   |  |  |  |  |
|  | (Witness #1)   |  |  | (Witness # 2)  |  |  |  |  |  |
| lease do not write b   | elow   |  |  |  |  |  |  |  |  |
| SERIAL#  |  | Lastradi   | (  | For Bank Use on  | ly)  |  |  |  |  |
| SERIAL #   |  | Locker#  |  | Key#   |  |  |  |  |  |
| Type of Locker allotte   | d: Small/Medium/Lar  | rge/Ex. Large  |  |  |  |  |  |  |  |
| ype of Locker Holde  | r  |  | Commercial   | Company  | Staff  |  |  |  |  |
| covery Details   |  |  |  |  |  |  |  |  |  |
| Period of Locker rent<br>Amount Recovered (F<br>Locker Fee (Rent)  |  | From   | Го   |  |  |  |  |  |  |
| Key Deposit  |  |  | A. VIII  |  |  |  |  |  |  |
| Advance Recovery F   | ee (@1/2 of Annual   | rent)  |  |  |  |  |  |  |  |
| Applicable FED   |  | THE RESERVE TO SERVE   | NAME OF THE  | A PARTY AND A  |  |  |  |  |  |
|  |  | TOTAL  |  | <b>计算数据数字字</b>   |  |  |  |  |  |
| Mode of Payment : CA   | A CONTRACTOR OF THE PROPERTY O | dated  | drawn o  | n (Account No)   |  |  |  |  |  |
| Intered by (Dealing C  | THE RESERVE OF THE PARTY OF THE | The state of   |  |  |  |  |  |  |  |
| VIII THE   | moral orginatore).   |  |  |  |  |  |  |  |  |
| <ul> <li>Proper authori</li> <li>CNICs of hire</li> <li>In addition to evidence of set</li> <li>Reverse of the Signing of Locker rented</li> <li>Locker rented</li> <li>Insurance Section</li> </ul> | address along with zation / particulars of a service has also been a Locker Form (F-350 Reservice) at the court has been included the court ha | f account has been of<br>ained and held on<br>alaried class, attests<br>obtained.<br>O Revised) has been<br>evised) and "Terms<br>ed in the Branch Quanefits, Disbursement   | checked and veri<br>record along we<br>ed copy of his se<br>signed by all the<br>and Conditions of<br>arterly Report of<br>the A. Trustees I | fied. ith Locker Form rvice card, or any hirers of the lock of Hire" by all hirer Rented Lockers f | (F-350 Revised other acceptable of the company of t |  |  |  |  |
| Signature of Cus   | todian / Incharge L  | ockers   |  |  |  |  |  |  |  |
| Signature of Sup   | ervisor (Operation   | ns Manager/ B  | ranch Manager)   |  | _  |  |  |  |  |

## **TERMS & CONDITIONS**

## Governing the Grant of License by National Bank of Pakistan (hereinafter referred to as the "Licensor") to the Licensee

- 1 The relationship subsisting between Bank and person to whom locker is rented out will be that of a Licensor and Licensee and not that of a Customer and Banker.
- 2 The Safe Deposit Department / Vault will remain open during bank business hours on all working days.
- 3 The Licensee will continue maintaining required balance in account or term deposits under Bank's Lien during the period of Agreement of hire.
- The annual rent (Non Refundable) / key deposit (Refundable against surrender of Locker Key and clearance of dues, if any) / Advance Recovery Fee (equivalent to six months' locker rent and refundable after clearance of dues, if any) will be made in accordance with tariff of Bank charges effective on that date.
- All fees for the Lockers are payable strictly in advance. In the event of the rental / key deposit / charges falling in arrears, the Licensor reserves the right:
  - a) to refuse access to the locker.
  - b) to exercise a general lien over the property deposited or about to be deposited in the locker until such time the dues are paid by the licensee.
  - c) to sell the property described in (b) or part thereof in satisfaction of Bank's dues, with the permission of the Court; without any notice or reference to the Licensee and appropriate sale proceeds towards payment of the outstanding fee and other dues.
  - d) to file suit against licensee of the inoperative / above said locker with the court of competent jurisdiction.
  - e) to break open the said locker in presence of "Notary Public". The articles so recovered from the said locker shall be placed into another sealed box / locker, at the risk and responsibility of the Licensee, in the custody and possession of the Branch, along with list (inventory) of said articles prepared by the Notary Public and Bank officials. Moreover any banned article / item if recovered from the said locker, the Bank shall not be responsible for the same, which shall be handed over to the concerned agency or retained with Bank for taking appropriate legal action against the licensee as per law.
  - f) to recover cost of breaking charges, change of lever charges, forced safe custody charges at double the rate of the locker rent till release / sale of the articles and cost of publication of notice in newspapers, making of inventory and legal / court expenses etc., from the licensee.
- The licensee shall have no right of property on the Locker, but only the right of use thereof and access thereto during the continuance of the Licensee agreement in accordance with the conditions herein set out. The Licensee will, accordingly, be unable to assign or sub-let the Locker, or any part of it, and the License will be terminated by the death or insolvency of the Licensee/any of the Licensees. The Licensee shall not permit the Locker to be used for any purpose other than for the deposit of documents, jewellery or other valuables nor shall the Licensee use the Locker for deposit of any article of an explosive, harmful or destructive nature.
- Except the insurance cover described in detail in clause 16 below, the Licensor will not be responsible in the event of any loss (total or partial) to any article, documents, securities or valuable in the locker due to any reasons whatsoever including forced break opening, theft, decoity, any accident or any act of God or force majeure.
- 8 Either party may terminate the Agreement of License on giving to the other seven days notice in writing expiring prior to the date on which the agreed period of the License terminates and the Key of the Locker shall in such case be delivered by the Licensee to the Licensor, before noon of the day of termination of the License.
- If no such notice, as aforesaid, shall have been given, the agreement of License in respect of the Locker shall be considered renewed, after the date of determination for a further period of one year and the License fee shall be forthwith paid by the Licensee to the Licensor but this condition is without prejudice to the rights of the Licensor accrued in the meantime.

| 1 | 2                    | 3 |
|---|----------------------|---|
|   | (Licensee Signature) |   |

If the keys of the Locker be lost by the Licensee, the Licensor should be notified without delay in writing. The Licensor shall not be responsible for the loss, if any, incurred by the Licensee on account of the loss of the key. All charges for reopening the Locker and for changing of key and levers of the lock shall be payable by the Licensee, and replaced key and locks will be the property of the Licensor.

11 All repairs, required to be done to the Locker, Locker door, etc., shall be done exclusively by workmen appointed by

the Licensor.

The Licensor should be notified of any change in address of the Licensee and any notice or communication sent by post to the registered address of the Licensee shall be considered to have been duly served at the place where it would, in the ordinary course of post, have reached him / her/them.

For reasons of grave or urgent necessity or for any other reasons, not due to the willful default of the Licensor, which make the opening of the Safe Deposit Department/vault unsafe or inexpedient, the Licensor reserves the right of shifting the Locker from one place of business (one Branch) to another place of Business (same Branch as a result

of shifting or new/alternate Branch as a result of closure/merger).

For reasons of grave or urgent necessity or for any other reasons, not due to the willful default of the Licensor, which make the opening of the Safe Deposit Department/vault unsafe or inexpedient, the Licensor reserves the right of closing the Safe Deposit Department / vault for such period as it may consider necessary. The Licensor also reserves the right of making changes in the opening and closing hours of the Safe Deposit Department / vault / Safe Deposit Lockers without any previous intimation / individual notice to the licensee.

Licensees are warned to keep the keys of the Lockers in a place of safety, not to divulge the number of their Lockers

their passwords (if any) and not to deliver the keys to any person.

The Licensor has purchased insurance policy/policies for Licensee for a period of one calendar year beginning from / effective from 1<sup>st</sup> Day of February. The insurance policy shall be considered effective only if there are no dues / locker rent outstanding against the Licensee i.e., any insurance claim shall only be entertained in respect of those lockers whose rent stand already paid / cleared by the Licensee.

The Licensee will be entitled for insurance cover under the following conditions:

a) Locker insurance will cover legal liability incurred in connection with such loss sustained or discovered to have been sustained by reason of damage, destruction or loss by Fire, Burglary and House breaking of any security, Bonds, Certificates, Jewellery or any other property or articles of intrinsic value, the property of locker holders/customers contained in safe deposit lockers lodged in the safe deposit vault room of the Bank's premises.

b) The maximum insurance cover for all size of lockers is Rs. 500,000/-.

- c) The claim will only be acceptable as per terms and conditions provided in Insurance Policy obtained by the Licensor.
- d) The licensee has the right to obtain from any insurance company additional insurance cover for the licensed Locker subject to the prior intimation to the Licensor. The providing of above insurance cover in future is not obligatory on the part of Licensor but Licensee may in its sole discretion continue to obtain and provide insurance cover for the period or periods as the Licensor may decide.

17 The Annual rent, key deposit, other charges, rules and regulations and procedures are subject to change / amendment from time to time.

I/ WE HIRER OF LOCKER / LICENSEE UNDERSTAND THAT HIRE CHARGES/FEES FOR THE LOCKER SHALL BE PAYABLE FOR ONE YEAR IN ADVANCE. THE HIRE CHARGES/FEES FOR EACH SUCCESSIVE YEAR SHALL BE PAID BY ME/US DURING THE FIRST MONTH FOLLOWING EXPIRY OF THE YEAR IN RESPECT OF WHICH HIRE CHARGES/FEES WERE PAID. IF SUCH ANNUAL HIRE CHARGES/FEES FOR SUCCESSIVE ANNUAL PERIOD IS NOT PAID AS AFORESAID, AND REMAINS OUTSTANDING FOR A PERIOD OF TWO MONTHS FROM THE DATE OF EXPIRY OF THE LAST ANNUAL PAYMENT, THE LICENSOR SHALL BE ENTITLED TO BREAK OPEN THE LOCKER AT THE RISK AND COST OF ME/US AND AFTER PREPARATION OF AN INVENTORY OF THE CONTENTS, IF ANY, OF THE LOCKER, THE SAME SHALL BE DEPOSITED INTO ANOTHER SEALED BOX/LOCKER IN THE CUSTODY AND CONTROL OF THE LICENSOR UNTIL I/WE MAKE PAYMENT OF ALL OUTSTANDING HIRE CHARGES/FEES AND OTHER COSTS AND EXPENSES AFTER WHICH THE CONTENTS, IF ANY, SHALL BE HANDED OVER TO ME/US OR SELLING OF THE ARTICLES AT MY/OUR OWN RISK & RESPONSIBILITY IN CASE I / WE REMAINED UNABLE TO CLEAR ALL OUTSTANDING DUES / CHARGES.

I/WE AS HIRER OF LOCKER AND IN THE CAPACITY OF LICENCEE AGREE WITH THE ABOVE PROCEDURE AND SHALL NOT DISPUTE THE CONTENTS OF THE INVENTORY PREPARED BY THE LICENSOR AND/OR THE ACTION TAKEN BY THE LICENSOR.

| 1 | 2                 | 3     |  |
|---|-------------------|-------|--|
|   | (Licensee Signate | ture) |  |

|                          |                               |                 | LICENSOR FROM TIME |      |
|--------------------------|-------------------------------|-----------------|--------------------|------|
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |
|                          | 2                             |                 | 3                  |      |
|                          |                               | (Licensee's Sig | nature)            |      |
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |
| te & Place of Signatures | s:                            |                 |                    |      |
|                          | Total Birt                    |                 |                    |      |
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |
| (Witn                    | ess # 1)                      |                 | (Witness           | # 2) |
| THE STATE OF             | History<br>History<br>History |                 |                    |      |
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |
|                          |                               |                 |                    |      |

I / WE AS LICENSEE HAVE READ THE TERMS & CONDITIONS GOVERNING THE OPERATIONS OF

THE LOCKER ALLOTTED TO ME/US AND I / WE AGREE TO ABIDE BY SUCH RULES AND



## **UNDERTKING - CUM - ACKNOWLEDGEMNT FORM**

| National Bank of Pakistan  |  |
|--|--|
|  |  |
| Dear Sir / Madam,  |  |
| Undertaking-cum-Acknowledge  | gement of terms and conditions of Locker   |
| Large) do here by confirm that I / conditions as contained in application in the large in the la | # of size* (Small/ Medium/ Large/Extra we have read out and understand the terms and on for hiring Locker (Form F -350 Revised ) and t / consent to the same. I / We understand tha t to maintaining required minimum balance in my all remain under B ank's lien till the continuation of |
| dues relating to my / our facility of  | ionally authorize the Bank to make recovery of its locker which have been outstanding and are not ue date(s), by debit to my account or from deposits  |
|  | Cianatura(a) of Looker Hiror/Licenses  |
|  | Signature(s) of Locker Hirer/Licensee  |
|  | 1.   |
| Date and place of signing  | 2.   |
|  | 3.   |
|  |  |

<sup>\*</sup>tick the appropriate one.