NPay | DIGITAL PAYMENT SYSTEM

NBP FUNDS
Managing Your Savings

Change Request Form

This N-Pay Change Request Form is designed to cater to any changes in the information associated with a company's active N-Pay account. It contains the following sections:

Section 1 – Company and Account Details Form (Page 1)

Section 2 – New User Form (Page 1 and Page 2)

Section 3 – User Deactivation Form (Page 3)

Section 4 – Payment and Authorizer Limits Form (Page 4)

Section 5 – Declaration and Mandatory Documents (Page 5)

Please carefully read the guidelines at the start of each section.
Only print and fill the sections that are needed, except Section 5 which is mandatory.
Forms will not be accepted without the signatures (as per NBP Funds' record) of Authorized Signatories.

For more information, please call the NBP Funds helpline at 0800-20002, or send an email at support.npay@nbpfunds.com with the subject 'N-Pay Change Request Form'.

NPay | Change Request Form

NBP FUNDS
Managing Your Savings

NTN / CNIC (Sole Proprietor)													

DATE	D	D	M	M	Y	Y	Y	Y

Section 1 - Company and Account Details Form

NBP Funds' N-Pay Digital Payment System is an online payment system that will enable businesses to securely and efficiently make salary, vendor, bill, and tax payments in just a few clicks.

Please carefully read the guidelines added under each section of this Change Request Form before filling it in.

1. COMPANY DETAILS

To update the details of the company which has access to N-Pay Digital Payment System, please fill and submit this Form to NBP Funds.

Company Type: ☐ Company ☐ Sole Proprietor

Company Name : _____ **NTN :** _____

2. NBP FUNDS ACCOUNT DETAILS

To update the NBP Funds account details, please fill and submit this Form to NBP Funds. The specified account will be linked with N-Pay Digital Payment System, and all digital payment transactions through N-Pay will be routed through it.

Account Title : _____

Account No. / Folio No. : _____ **Fund Name :** _____

Section 2 – New User Form

NEW USER FORM

To change the maximum number of Makers, Checkers and Authorizers on N-Pay Digital Payment System, please fill and submit the fields below to NBP Funds.
Sole Proprietors are not required to fill these fields.

Max No. of Makers on N-Pay :	Max No. of Checkers on N-Pay :	Max No. of Authorizers on N-Pay :

To add a new user (Admin / Authorizer) to N-Pay Digital Payment System, please fill and submit this Form to NBP Funds. These users will be created by NBP Funds, and will be authorized to perform their respective roles on N-Pay. Sole Proprietors are ONLY required to fill the 'Administrator' fields within this section.

Note: N-Pay does not allow duplication of information of active users. Please enter a unique CNIC, Email Address and Mobile Number for each new user to be created on N-Pay.

Please enter Administrator Details below

Note: Only one Admin user is allowed on N-Pay Digital Payment System. In case the Admin user needs to be changed, please fill the existing Admin user's details in the **User Deactivation Form** (Section 3 of this N-Pay Change Request Form), and submit it with this New User Form.

ADMINISTRATOR			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Mobile No.	

Please enter Authorizer Details below

1 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			

2 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			

As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction
Signature of Authorized Signatory	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**

Clients are required to affix seal with authorized signatories.

3 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
4 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
5 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
6 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
7 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
8 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
9 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			
10 - AUTHORIZER			
Name (as per CNIC)		CNIC	
Issuance Date		Expiry Date	☐ Lifetime
Email Address		Signature (as per NBP Funds' record and signing instruction)	
Mobile No.			
Designation			

As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction
Signature of Authorized Signatory	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**

Clients are required to affix seal with authorized signatories.

NTN / CNIC (Sole Proprietor)													

DATE	D	D	M	M	Y	Y	Y	Y

Section 3 – User Deactivation Form

To deactivate an N-Pay user (Admin / Authorizer), please fill and submit this Form to NBP Funds. Once deactivated, the user will no longer have access to N-Pay Digital Payment System.

In case the same user needs to be given access to N-Pay again in the future, the company will be required to fill and submit the **New User Form** (Section 2) to NBP Funds.

Note: A user cannot be deactivated if no other user of the same type exists on N-Pay. For example, if only one Admin exists on N-Pay, that Admin cannot be deactivated unless this Form is accompanied by a **New User Form** (Section 2 of this N-Pay Change Request Form) to create a new Admin.

ADMINISTRATOR	
Name (as per CNIC)	
CNIC	
AUTHORIZER	**AUTHORIZER**
Name (as per CNIC)	**Name (as per CNIC)**
CNIC	**CNIC**
AUTHORIZER	**AUTHORIZER**
Name (as per CNIC)	**Name (as per CNIC)**
CNIC	**CNIC**
AUTHORIZER	**AUTHORIZER**
Name (as per CNIC)	**Name (as per CNIC)**
CNIC	**CNIC**
AUTHORIZER	**AUTHORIZER**
Name (as per CNIC)	**Name (as per CNIC)**
CNIC	**CNIC**
AUTHORIZER	**AUTHORIZER**
Name (as per CNIC)	**Name (as per CNIC)**
CNIC	**CNIC**

As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction
Signature of Authorized Signatory	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**

Clients are required to affix seal with authorized signatories.

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NTN / CNIC (Sole Proprietor)													

DATE	D	D	M	M	Y	Y	Y	Y

Section 4 – Payment and Authorizer Limits Form

1. DAILY AND MONTHLY PAYMENT LIMITS

To update the payment limits, please fill and submit this Form to NBP Funds. These defined limits will restrict daily and monthly payments to be processed on N-Pay Digital Payment System.

Daily Limit :	**Monthly Limit :**

2. AUTHORIZER LIMITS

To update the payment slabs (limits) for the different Authorizers given access to N-Pay Digital Payment System, please fill and submit this Form to NBP Funds. For example, from PKR 0 to 999,999; PKR 1,000,000 to 4,999,999; and PKR 5,000,000 and above.

Please note that the **Names of Authorizers** added below can be greater than the **Number of Authorizers Required**. For example, if 5 Authorizers are listed under **Names of Authorizers** and only 2 Authorizers are required to process the payment, then any 2 (out of those 5) Authorizations received on that transaction will result in payment disbursal.

Sole Proprietors are NOT required to fill this section.

AUTHORIZER PAYMENT LIMIT

From Amount :	**To Amount :**	**No. of Authorizers Required :**

NAMES OF AUTHORIZERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

AUTHORIZER PAYMENT LIMIT

From Amount :	**To Amount :**	**No. of Authorizers Required :**

NAMES OF AUTHORIZERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

AUTHORIZER PAYMENT LIMIT

From Amount :	**To Amount :**	**No. of Authorizers Required :**

NAMES OF AUTHORIZERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction
Signature of Authorized Signatory	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**

Clients are required to affix seal with authorized signatories.

NTN / CNIC (Sole Proprietor)													

DATE	D	D	M	M	Y	Y	Y	Y

Section 5 – Declaration and Mandatory Documents

Declaration

I / We ratify that the information provided in the Form is true correct and that I / We have read and understood the guidelines as stated and provided unaltered copies of documents required for change in the particulars of N-Pay Users.

I/We further confirm that to the extent of changes requested through this Form, all other particulars provided earlier in N-Pay Registration Form will remain intact unless otherwise stated. I / We also understand that NBP Funds reserve the right to decline the change(s) in particulars / details due to incorrect information and/or any other reason(s) thereof.

List of Documents Attached

1. Copies of CNIC of any new N-Pay Admin and Authorizers to be created. (Only required if Section 2 - New User Form is being submitted)

For Registrar Use Only

Form received on (Date & Time)	Date and attachments verified by	Data Input by	Transaction No.

Disclaimer

"I/We accept that all investments in mutual funds are subject to market risks and a target return / dividend range or capital protection cannot be guaranteed. I/We clearly understand, agree, acknowledge and accept that my/our investment is subject to market price fluctuations and other risks inherent in all such investments. The risks emanate from various factors which include, but are not limited to, market risks, government regulation risks, credit risks, liquidity risks, settlement risks, redemption risks, Shari'ah non-compliance risks, dividend distribution taxation risks, and changes in risks associated with trading volumes, liquidity and settlement systems in equity and debt markets. Past performance is not necessarily indicative of future results. Investment in mutual funds are not bank deposits and are neither issued by, insured by, obligation of, nor otherwise supported by SECP, any Government Agency, Trustee (except to the extent specifically stated in the constitutive documents) or any of the shareholders of NBP Fund Management Limited or any of the Pre-IPO Investors or any other bank or financial institution. For further details, please refer to the detailed risk disclosures and disclaimers contained in the Offering Documents and Supplementary Offering Documents and the latest Fund Manager Report available on our website or by calling or writing to us."

As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction	As per NBP Funds' record and signing instruction
Signature of Authorized Signatory	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**	**Signature of Authorized Signatory**

Clients are required to affix seal with authorized signatories.