SERVICE REQUEST FORM

Branch Manager/ STSO,

_____ Branch/ Uposhakha,
IFIC Bank Limited.

Date D D / M M / Y Y Y Y

ACCOUNT INFORMATION	(Please specify your account information)
Account Name	
Account Number	

A. ACCOUNT RELATED SERVICES (Please fill only required fields; Strike off the section if not required)

☐ Request for Statement	From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y
☐ Request for Certificate	☐ Balance	☐ No Liability	☐ Solvency	☐ No Objection	☐ Other (please specify)												
☐ Request for Account Closure	☐ Submitted Debit Card to Destroy	☐ Submitted Chequebook to Destroy															
☐ Other Services (Please specify)																	

B. CHEQUE RELATED SERVICES (Please fill only required fields; Strike off the section if not required)

☐ Request for New Chequebook				Leaves	Acceptable only if previous chequebook's requisition slip is lost and submits with GD copy												
☐ Cheque Stop Payment	Cheque No									To							
☐ Positive Pay Instruction	Cheque No									Date	D	D	M	M	Y	Y	Y	Y
Favoring										Amount							

C. TERM DEPOSIT SERVICES (Please fill only required fields; Strike off the section if not required)

Type of Term Deposit Service	☐ FDR	☐ PSS	☐ Other (please specify)
Encashment Type	☐ Matured Encashment	☐ Pre-Matured Encashment	☐ Interest Withdrawal
Deal Reference Number			
☐ Account No. for Encashment			
☐ Payment Order for Encashment (Charge applicable)			

D. INTERNET/SMS BANKING (Please fill only required fields; Strike off the section if not required)

☐ Activate Internet Banking	E-mail Address	
☐ Activate SMS Banking	Mobile Number	+

DECLARATION

☐ I/We have authorized the above instructions. I/We hereby declare that all details provided in this form are true and correct and are supported by valid documents enclosed with this form. I/We accept and agree that this declaration shall be in addition to any other declaration provided by me/us with respect to the facility provided by IFIC Bank ,In case of pre-mature encashment the interest rate may differ as per bank's internal decision and agree to indemnify and keep IFIC Bank indemnified from any loss, damage, claim, action, costs, charges and expenses which IFIC Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

Signature (1st A/c Holder)	Signature (2nd A/c Holder)	Signature (3rd A/c Holder)

BANK USE ONLY

☐ All the information stated above and customer signature has been checked and verified. All relevant supporting documents have been obtained as per bank's policy.

Remarks:

Name:	Name:
Date:	Date:
EID:	EID: