



CUSTOMER INFORMATION CHANGE REQUEST FORM

Branch Manager/ STSO,

Date

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Branch/ Uposhakha,

IFIC Bank Limited.

ACCOUNT INFORMATION (Please specify your account information)

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Account Name | | | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | | | |

CUSTOMER INFORMATION UPDATE (Please fill only required fields; Strike off the section if not required)

| | | | | | | | | | | | | | | |
|---|---|--|-----------------------------|--|---------------------------------------|--|--|--|--|----------------|--|--|---|--|
| Address Change | <input type="checkbox"/> Present Address | | | | <input type="checkbox"/> Work Address | | | | <input type="checkbox"/> Communication Address | | | | | |
| | New Address | | | | | | | | | | | | | |
| Permanent Address is Mandatory for any address change | | | | | | | | | | | | | | |
| Can you reproduce last signature? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | Reason for Inability | | | | | | | | | |
| Signature Change | Existing Signature | | | | New Signature | | | | ** SS card update is required. New signature will be updated after approval. | | | | | |
| NID/Smart ID | | | | | | | | | | | | | | |
| Passport | | | | | | | | | | Date of Expiry | | | | |
| Driving License | | | | | | | | | | Date of Expiry | | | | |
| Mobile Number | | | | | | | | | | | | | | |
| Update E-TIN | | | | | | | | | | | | | | |
| E-mail Address | | | | | | | | | | | | | | |
| Spouse Name | | | | | | | | | | | | | | |
| Others | <input type="checkbox"/> Transaction Profile Update | | | | <input type="checkbox"/> Image Change | | | | <input type="checkbox"/> Nominee Change/Update | | | | <input type="checkbox"/> Other (please specify) | |

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 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.
Note: The form and supporting documents will be attached with the customer's Account Opening Form.

Remarks:

Name:
Date:
EID:

Name:
Date:
EID: