



# Foreign Remittance Application Form

Date 

D	D	/	M	M	/	Y	Y	Y	Y
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Branch Manager/STSO

-----Branch/Uposhakha,

IFIC Bank Limited.

Tracking No. /PIN No.																				
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Receivable Amount in BDT.	In Figure	
	In Word	

**SENDER'S INFORMATION**

Full Name	
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Country Name	
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Present Address	
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Phone/Mobile Number		E-Mail Address	
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**RECEIVER'S INFORMATION**

Full Name	
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Contact Number																				
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Account Number(if any)																				
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Party ID																				
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Payment Method	<input type="checkbox"/> Cash	<input type="checkbox"/> Transfer to Account
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ID Type(if any Account is not available)	<input type="checkbox"/> National/Smart ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Student ID
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ID Card Details	Issue Date	D	D	M	M	Y	Y	Y	Y	Expiry Date	D	D	M	M	Y	Y	Y	Y
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Relationship with Sender	
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I acknowledge receipt of the money and confirm that, the information provided herewith is correct and money transfer is being used for lawful purpose and comply with **Guidelines For Foreign Exchange Transactions and Foreign Exchange Regulation Act, 1947.**

Receiver's Signature &amp; Date

**BANK USE ONLY**

- ❖ Customer/Account holder information is found correct.
- ❖ Presence of receiver is must in Branch/Uposhakha.
- ❖ Signature is must matches with ID card/Account.

Remarks:

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Name:  
Date:  
EID:

Name:  
Date:  
EID: