



Account holder/Customer's Declaration Form

Date

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

Branch Manager/STSO

----- Branch/ Uposhakha,
IFIC Bank Limited

Name of Accountholder/Customer/Beneficiary													
Customers Status	<input type="checkbox"/> Accountholder						<input type="checkbox"/> Walk-in customer						
Account No. (For Accountholder)													
NID No. (For Walk-in customer)													
Lost Item:	<input type="checkbox"/> Cheque				<input type="checkbox"/> Pay order				<input type="checkbox"/> FDR				
Leaf No.								To					
Amount (if required)													
Details of General Dairy (GD)	Name of Police Station												
	Date	D	D	M	M	Y	Y	Y	Y	General Diary No.			
Details of incident													

I am/we are fully aware that this above given information is correct. I/we shall be solely liable for any error regarding wrong information.

1st Customer Signature & Date

2nd Customer Signature & Date (if applicable)

BANK USE ONLY

- ❖ Accountholder/Customer information is found correct.
- ❖ Signature(s) of the Accountholder matches with account's signature card/ Signature(s) of the customer matches with NID.
- ❖ General Diary copy has been attached.

Name:
Date:
EID:

Name:
Date:
EID: