



Letter of Authorization

Date

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

_____ Branch/ Uposhakha,

IFIC Bank Limited.

ACCOUNT/CARD DETAILS

Account/Card Title													
Account Number													
Card Number						*	*	*	*	*	*		
E-mail Address													
Contact Number													
Type of Document	<input type="checkbox"/> Cheque Book	<input type="checkbox"/> Debit/Credit Card	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Solvency Certificate	<input type="checkbox"/> Others.....								
Reason	<input type="checkbox"/> Out of Town				<input type="checkbox"/> Sickness				<input type="checkbox"/> Others.....				

BEARER INFORMATION

Name of Bearer																		
Relation with Accountholder																		
Contact Number														E-Mail Address				
Account Number (If any)																		
Party ID																		
Means of Identification (If no Account is available)	<input type="checkbox"/> National/Smart ID				<input type="checkbox"/> Passport				<input type="checkbox"/> Driver's License				<input type="checkbox"/> Student ID					
ID Number														Expiry Date	M	M	Y	Y

SIGNATURE VERIFICATION

I confirm that, I have Authorized the undersign person for collecting Cheque Book/Debit or Credit Card/Bank Statement/Solvency Certificate/ Others and I have verified the signature.

Signature of the Bearer (As per photo ID/Account)

Signature of the Accountholder

BANK USE ONLY**Delivery Checklist (Please tick as applicable):** Customer requested & completed form and Signature verified Contact with Accountholder through Customer's registered phone number/E-Mail (If Customer is not available over phone)

Name:

Date:

EID:

Name:

Date:

EID: