



CUSTOMER INFORMATION CHANGE REQUEST FORM

Branch Manager/ OIC,

Date / /

..... Branch/ Uposhakha,
IFIC Bank PLC

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)

| | | | | |
|---|--|--|---|---|
| Name Change Request | <input type="checkbox"/> Account Holder's Name | <input type="checkbox"/> Spouse Name | <input type="checkbox"/> Father's Name | <input type="checkbox"/> Mother's Name |
| Updated Name | *Supporting document is required (NID/ Affidavit/ etc.) | | | |
| Address Change Request | <input type="checkbox"/> Present Address | <input type="checkbox"/> Work Address | <input type="checkbox"/> Communication Address | |
| New Address | | | | |
| Permanent Address* | *Mandatory for any address change | | | |
| Can you reproduce last signature? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Reason for Inability | |
| <input type="checkbox"/> Signature Change | Existing Signature | New Signature | ** SS card update is required. New signature will be updated after approval. | |
| <input type="checkbox"/> NID/Smart ID | | <input type="checkbox"/> Passport | | Expiry Date |
| <input type="checkbox"/> Mobile Number | | <input type="checkbox"/> Driving License | | Expiry Date |
| <input type="checkbox"/> E-mail Address | | <input type="checkbox"/> E-TIN | | |
| 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 of 1st Applicant | Signature of 2nd Applicant | Signature of 3rd Applicant |
| Signature | Signature | Signature |
| Name: | Name: | Name: |

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:

| | |
|--|---------------------------------------|
| Initiating Official's Signature | Approving Official's Signature |
| Signature | Signature |
| Name: EID: | Name: EID: |