



SERVICE REQUEST FORM

Branch Manager/OIC,

Date / /

..... Branch/ Uposhakha,

IFIC Bank PLC

Account Information (Please specify your account information)

Account Name			
Account Number		Sanchayapatra/Bond Reg. No.	
NID No.		Date of Birth	

*NID No. and DOB is required for Sanchayapatra/Bond certificates only.

A. Account Related Services (Please fill only required fields; Strike off the section if not required)

<input type="checkbox"/> Request for Statement	From				To						
<input type="checkbox"/> Request for Certificate	<input type="checkbox"/> Balance			<input type="checkbox"/> No Liability		<input type="checkbox"/> Solvency		<input type="checkbox"/> No Objection		<input type="checkbox"/> Sanchayapatra/Bond	
<input type="checkbox"/> Request for Account Closure	<input type="checkbox"/> Submitted Debit Card to Destroy					<input type="checkbox"/> Submitted Cheque book to Destroy					
<input type="checkbox"/> Other Services (Please specify)											
<input type="checkbox"/> Request for Resident mark on "NRT A/c"	From				Date (Approx.)	To				Date (Approx.)	

B. Cheque Related Services (Please fill only required fields; Strike off the section if not required)

<input type="checkbox"/> Request for New Cheque book		Leaves	Acceptable only if previous chequebook's requisition slip is lost and submits with GD copy
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Particulars	<input type="checkbox"/> Cheque Stop Payment	<input type="checkbox"/> Positive Pay Instruction
Cheque No with Date	Amount	Amount
Favoring		
Request Receiving Time		

C. Term Deposit Services (Please fill only required fields; Strike off the section if not required)

Term Deposit	<input type="checkbox"/> FDR	<input type="checkbox"/> PSS	<input type="checkbox"/> Other	Encashment Type	<input type="checkbox"/> Matured Encashment	<input type="checkbox"/> Pre-Matured Encashment*	<input type="checkbox"/> Interest Withdrawal
Deal Ref. No.				Credit Account			
<input type="checkbox"/> Payment Order for Encashment/Cancellation/ Duplicate Issuance (Charge applicable)							

* In case of pre-mature encashment, the interest rate will be defined as per Product Program Guideline (PPG).

D. Internet/SMS Banking (Please fill only required fields; Strike off the section if not required)

Internet Banking	<input type="checkbox"/> Activate	<input type="checkbox"/> Deactivate	E-mail Address	
SMS Banking	<input type="checkbox"/> Activate		Mobile Number	

E. Others Service

<input type="checkbox"/> Locker Surrender	Locker Serial No.		Key Number	
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DECLARATION

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. In case of pre-mature encashment the interest rate may differ as per bank's internal decision 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.

1 st Applicants Signature	2 nd Applicants Signature	3 rd Applicants Signature
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.

Remarks:

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