

SERVICE REQUEST FORM FOR ISLAMIC BANKING



Branch Manager/OIC,

 Date / /

..... Branch/ Uposhakha,

IFIC Bank PLC

Account Information

(Please specify your account information)

| | |
|----------------|--|
| Account Name | |
| Account Number | |

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"/> 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 |
|--|--|--------|--|

| Particulars | <input type="checkbox"/> Cheque Stop Payment | <input type="checkbox"/> Positive Pay Instruction |
|---------------------|--|---|
| Cheque No with Date | | |
| Favoring | | |
| Amount | | |

C. Term Deposit Services

(Please fill only required fields; Strike off the section if not required)

| | | | | | | | |
|---------------|------------------------------|------------------------------|-------------------------------------|-----------------|---|--|--|
| Term Deposit | <input type="checkbox"/> MTD | <input type="checkbox"/> MMS | <input type="checkbox"/> Other..... | Encashment Type | <input type="checkbox"/> Matured Encashment | <input type="checkbox"/> Pre-Matured Encashment* | <input type="checkbox"/> Profit Withdrawal |
| Deal Ref. No. | | | | Credit Account | | | |

 Payment Order for Encashment/Cancellation/ Duplicate Issuance (Charge applicable)

* In case of pre-mature encashment, the profit 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 | |
|---|-------------------|--|------------|--|

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 profit 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: EID: | Name: EID: |