

ACCOUNT HOLDER/CUSTOMER'S DECLARATION FORM FOR ISLAMIC BANKING



Branch Manager
Islamic Banking Branch
IFIC Bank PLC

Date / /

ACCOUNT INFORMATION		(Please specify your account information)
Name of Account holder/ Customer/ Beneficiary		
Customer's Status	Account holder	A/C No.
	Walk-in Customer	NID No.
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	GD No.
Details of incident		

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

Signature of 1 st Applicant	Signature of 2 nd Applicant	Signature of 3 rd Applicant
Signature	Signature	Signature
Name:	Name:	Name:

BANK USE ONLY

- Account holder/customer information is found correct.
- Signature(s) of the account holder matches with account's signature card/signature(s) of the walk-in customer matches with NID.
- General Diary (GD) copy has been attached.

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