

# Contact Point Verification Form For Islamic Banking



Date  /  /

Branch Manager  
Islamic Banking Branch  
IFIC Bank PLC

## Details of the Account Holder/ Primary Applicant/ Co- Applicant/ Personal Guarantor

Account Number	
Name	
NID/Smart ID No.	
Profession	

## Contact Number Verification

<input type="checkbox"/> Resident		<input type="checkbox"/> Office/ Business	
Contact No.		Contact No.	
Person Contacted		Person Contacted	
Relation with Applicant		Relation with Applicant	
Date & Time		Date & Time	

## Address Verification (Physical)

<input type="checkbox"/> Resident			<input type="checkbox"/> Office/ Business	
Address		Business/ Office Name & Address		
Person Contacted		Person Contacted		
Relation with Applicant		Designation		
Years at Current Address		Nature of Business		
Residence Status	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Applicant's Designation
Residence Type	<input type="checkbox"/> Flat	<input type="checkbox"/> House	<input type="checkbox"/> Other	Years at Current Address

\*\*\*For Selecting "Other", please specify in comments.

## Visited by

Name of Employee			
Employee ID		Designation	
Comments			

I have physically visited the above address and certify that the above information is correct.

## For Bank Use Only

Bank Official's Signature	Authorized Bank Official's Signature
Signature	Signature
Name: Date:	Name: Date: