

Payment Order Issuance and Cancellation Application Form For Islamic Banking



■ Payment Order Issuance

Branch		Date	D	D	M	M	Y	Y	Y	Y
Applicant Type	<input type="checkbox"/> IFIC Account Holder	<input type="checkbox"/> Non-Account Holder								
Account Name (IFIC a/c)										
Account No. (For IFIC a/c)	Mode of Payment		<input type="checkbox"/> Cash <input type="checkbox"/> Debit A/c <input type="checkbox"/> Cheque No: _____							
Amount (In figure)	BDT	Amount (In Word)								
Purpose										
Duplicate Issuance										

Beneficiary Information

Beneficiary Name			
Beneficiary Address			
* Account Number		* Bank Name	
* Contact Number		* Branch Name	

* Customer can provide that information if available

Applicant's Information (For non-a/c holder only)

Applicant's Name			
Applicant's Address			
Contact Number		* NID or Photo ID	

Bearer's Information

	Bearer's Signature
Bearer's Name	Signature
Bearer's Address	
Relation with applicant	Attested by
Contact Number	

* NID or Photo ID will be collected as per regulatory directives (ছবিযুক্ত পরিচয়পত্রের কপি সংযুক্তকরণ সত্যায়নসহ)

■ Payment Order Cancellation

Pay Order Number		Issue Date		Mode of Repayment	<input type="checkbox"/> Cash (for non-a/c holder)	<input type="checkbox"/> Credit to Source A/c
Amount		PO Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason		
Beneficiary						

I/We hereby authorize the Bank to debit the mentioned PO amount and all scheduled charges (Issuance or Cancellation) from my/our account or receive the same in cash as mentioned above. If any kind of dispute arises for not releasing the pay order from the beneficiary in future, the purchaser will be held liable for such disputes and bank will not be responsible for any manner.

1 st Applicant's Signature	2 nd Applicant's Signature (if any)
Signature	Signature

Name:	Name:
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Bank Use Only

<input type="checkbox"/> Physical Presence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mode of a/c Operation			
<input type="checkbox"/> Call Back Confirmation	Contact No:880_____	Date: _____	Time: _____		
<input type="checkbox"/> NID or Photo ID	<input type="checkbox"/> Verified <input type="checkbox"/> Attested	<input type="checkbox"/> Fees or Charges	<input type="checkbox"/> Charge: _____	<input type="checkbox"/> VAT: _____	

Initiating Official's Signature	Approving Official's Signature
Signature	Signature

Name:	Name:
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Bank's Acknowledgement Slip

----- Branch Date

Applicants Name	Beneficiary Name
PO Amount	Fees or Charges <input type="checkbox"/> Charge: _____ <input type="checkbox"/> VAT: _____
Bank Official's Signature	Name: EID: