



SERVICE REQUEST FORM

Branch Manager/ STSO,

Date / /

..... Branch/ Uposhakha,

IFIC Bank Limited

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"/> Sanchaypatra/Bond			
Sanchaypatra/Bond Reg. No.								
<input type="checkbox"/> Request for Account Closure	<input type="checkbox"/> Submitted Debit Card to Destroy			<input type="checkbox"/> Submitted Chequebook to Destroy				
<input type="checkbox"/> Other Services (Please specify)								

B. CHEQUE RELATED SERVICES (Please fill only required fields; Strike off the section if not required)

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

C. TERM DEPOSIT SERVICES (Please fill only required fields; Strike off the section if not required)

Type of Term Deposit Service	<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 Reference Number			
<input type="checkbox"/> Account No. for Encashment			

Payment Order for 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 <input type="checkbox"/> Deactivate	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.

Signature (1st A/c Holder)

Signature (2nd A/c Holder)

Signature (3rd A/c Holder)

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 Officer's Signature

Name:

Date:

EID:

Approving Officer's Signature

Name:

Date:

EID: