



ACCOUNT HOLDER/CUSTOMER'S DECLARATION FORM

Date / /

Branch Manager/STSO,

----- Branch/ Uposhakha,

IFIC Bank Limited

Name of Accountholder/Customer/Beneficiary			
Customers Status	<input type="checkbox"/> Accountholder	A/C No.	
	<input type="checkbox"/> 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		General Diary No.
Details of incident			

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

Signature (1st A/c Holder)

Name:
Date:
Phone Number:

Signature (2nd A/c Holder)

Name:
Date:
Phone Number:

BANK USE ONLY

- Accountholder/Customer information is found correct.
- Signature(s) of the Accountholder matches with account's signature card/ Signature(s) of the customer matches with NID.
- General Diary copy has been attached.

Initiating Officer's Signature

Name:
Date:
EID:

Approving Officer's Signature

Name:
Date:
EID: