



SIGNATURE MISMATCH DECLARATION FORM

Date / /

Branch Manager/STSO,

.....Branch/Uposhakha,

IFIC Bank Limited.

Information of Customer

Account Number				
Account Title				
Contact Number				
Identity Document	<input type="checkbox"/> National ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others
Identity Document Number (As per document type)				

Specimen Signature

Can you reproduce last signature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for Inability		

Signature on ID/SS Card (If able to reproduce)

New Signature Applicable for Account Transaction

My present signature is as above and I hereby confirm that all actions and transactions authorized/executed by me using the above signature will be legally binding on me.

Applicant's New Signature

Name:
Date:
Mobile Number:

Bank Use Only

Mismatch with:	<input type="checkbox"/> Identity Document	<input type="checkbox"/> Existing Signature in Account Operation
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Remarks (If any):

We the undersigned confirm that all the related document(s) are in order and all necessary approval(s) have been taken.

Initiating Officer's Signature

Name:
Date:
EID:

Approving Officer's Signature

Name:
Date:
EID: