



## Payment Order Issuance and Cancellation Application Form

### Payment Order Issuance

Branch/Uposhakha			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 সংযুক্তকরন 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.

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

### 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: \_\_\_\_\_



### Bank's Acknowledgement Slip

\_\_\_\_\_ Branch/Uposhakha Date \_\_\_\_\_

Applicants Name			Beneficiary Name		
PO Amount			Fees or Charges	<input type="checkbox"/> Charge: _____	<input type="checkbox"/> VAT: _____

Bank Official's Signature	Name: _____ EID: _____
---------------------------	---------------------------