Services Request Form 1

(USE BLOCK LETTERS & CROSS OUT UNUSED SECTIONS)
Please Fill in the Required Section(s) Only

midlandbank ltd
bank for inclusive growth

Time:					AM	PM

Date	D	D	M	M	Y	Y	Y	Y	Branch/Center Name	

Account Number					-										
Account Name															

Declaration	Signature: 1st Applicant	Signature: 2nd Applicant
I have understood, authorized & advised the bank to comply the below instruction		

A. Update Information: Please update my / our following information for:

Residence Address			
Permanent Address			
Office Address			
Mailing Address (Please select One)	☐ Residence Address ☐ Permanent Address ☐ Office Address		
Mobile Number (Primary)		Mobile Number (Secondary)	
Phone Number Home		Phone Number Office	
Email Address			

1. The above Information shall apply for all your account, term deposit, scheme deposit, credit Card, Loan Account (If any)
2. The above primary mobile and Email address shall be used for all types of Digital Services, i.e., SMS Alert, Online Banking, e-Statement.

Occupations Details (Document Attached)	Business / Service/……..	Monthly Income (In BDT)	/-
Company Name: ……	Designation: ……		

Business Details:	Company Name: …… Business Type: ☐ Manufacturer ☐ Service ☐ Trading Type of Product: …… Yearly Turn over: …… Manpower: ……..
ETIN Number	
NID Number	
Passport Number	
Birth Certificate Number	
Trade License Number	
Personal Details	Personal details shall match with applicant's Identity Documents. Supporting identity document attached. If it differs then update the information based on my declaration & undertaking.
Spouse Name	
Father's Name	
Mother's Name	
Date of Birth	Nationality
Religion	Marital Status

B. Digital Services: Please enroll / de-enroll me in the following services of the Bank

☐	Online Banking enrolment /de-Enrollment	☐	SMS Banking Enrolment	☐	E-Statement Enrolment			
☐	Frequency of E-Statement	☐	Monthly	☐	Quarterly	☐	Half-Yearly	☐ Yearly
☐	E-Statement de-Enrolment	☐	Start sending hard Copy (Half Yearly /Yearly)					

For Bank Use Only	
Verified Officer	
CSO Sign	
Name Seal	
Authorizing Officer	
CSM / BM Sign	
Name Seal	
Branch Head Approval	

Instructions Received through Bearer (Call Back Details)	
Telephone Number Called	
Date & Time of Call Made	
MDB Phone Number used	+880
Name of Contacted Person	A/C Holder Only
Result of Call Back	Positive
Name of Officer Making Call Back	
Sign with Seal	