

# Services Request Form 1

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



|  |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
|--|---|---|---|---|---|---|---|---|--------------------|---|--|--|--|--|---------------------------------|---------------------------------|----|-----------------|--|--|--|
|  |   |   |   |   |   |   |   |   |                    | Time:   |  |  |  |  |                                 | AM                              | PM |                 |  |  |  |
| Date   | D | D | M | M | Y | Y | Y | Y | Branch/Center Name |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Account Number   |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Account Name   |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| <b>Declaration</b>   |   |   |   |   |   |   |   |   |                    | <b>Signature: 1st Applicant</b>   |  |  |  |  | <b>Signature: 2nd Applicant</b> |                                 |    |                 |  |  |  |
| I have understood, authorized & advised the bank to comply the below instruction   |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| <b>A. Update Information: Please update my / our following information for:</b>  |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Residence Address  |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Permanent Address  |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Office Address   |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Mailing Address (Please select One)  |   |   |   |   |   |   |   |   |                    | <input type="checkbox"/> Residence Address  |  | <input type="checkbox"/> Permanent Address |  | <input type="checkbox"/> 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. |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| <b>Occupations Details (Document Attached)</b>   |   |   |   |   |   |   |   |   |                    | <b>Business / Service/.....</b>   |  |  |  |  | <b>Monthly Income</b>           |                                 |    | /-              |  |  |  |
| Company Name: .....  |   |   |   |   |   |   |   |   |                    | Designation: .....  |  |  |  |  | (In BDT)                        |                                 |    |                 |  |  |  |
| Business Details:  |   |   |   |   |   |   |   |   |                    | Company Name: .....<br>Business Type: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service <input type="checkbox"/> Trading<br>Type of Product: .....<br>Yearly Turn over: .....<br>Manpower: ..... |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| ETIN Number  |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| NID Number   |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Passport Number  |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Birth Certificate Number   |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Trade License Number   |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| <b>Personal Details</b>  |   |   |   |   |   |   |   |   |                    | 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>B. Digital Services: Please enroll / de-enroll me in the following services of the Bank</b>   |   |   |   |   |   |   |   |   |                    |   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| <input type="checkbox"/> Online Banking enrolment /de-Enrollment   |   |   |   |   |   |   |   |   |                    | <input type="checkbox"/> SMS Banking Enrolment  |  |  |  | <input type="checkbox"/> E-Statement Enrolment |                                 |                                 |    |                 |  |  |  |
| <input type="checkbox"/> Frequency of E-Statement  |   |   |   |   |   |   |   |   |                    | <input type="checkbox"/> Monthly  |  | <input type="checkbox"/> Quarterly         |  | <input type="checkbox"/> Half-Yearly           |                                 | <input type="checkbox"/> Yearly |    |                 |  |  |  |
| <input type="checkbox"/> E-Statement de-Enrolment  |   |   |   |   |   |   |   |   |                    | <input type="checkbox"/> Start sending hard Copy (Half Yearly /Yearly)  |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| <b>For Bank Use Only</b>   |   |   |   |   |   |   |   |   |                    | <b>Instructions Received through Bearer (Call Back Details)</b>   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Verified Officer   |   |   |   |   |   |   |   |   |                    | Telephone Number Called   |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| CSO Sign   |   |   |   |   |   |   |   |   |                    | Date & Time of Call Made  |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Name Seal  |   |   |   |   |   |   |   |   |                    | MDB Phone Number used   |  |  |  |  |                                 |                                 |    | +880            |  |  |  |
| Authorizing Officer  |   |   |   |   |   |   |   |   |                    | Name of Contacted Person  |  |  |  |  |                                 |                                 |    | A/C Holder Only |  |  |  |
| CSM / BM Sign  |   |   |   |   |   |   |   |   |                    | Result of Call Back   |  |  |  |  |                                 |                                 |    | Positive        |  |  |  |
| Name Seal  |   |   |   |   |   |   |   |   |                    | Name of Officer Making Call Back  |  |  |  |  |                                 |                                 |    |                 |  |  |  |
| Branch Head Approval   |   |   |   |   |   |   |   |   |                    | Sign with Seal  |  |  |  |  |                                 |                                 |    |                 |  |  |  |