IFIC

CUSTOMER INFORMATION CHANGE REQUEST FORM

Branch Manager/ STSO,

Date ☐ / ☐ / ☐

.... Branch/ Uposhakha,
IFIC Bank Limited

ACCOUNT INFORMATION	(Please specify your account information)
Account Name	
Account Number	

CUSTOMER INFORMATION UPDATE	(Please fill only required fields; Strike off the section if not required)		
Address Change	☐ Present Address	☐ Work Address	☐ Communication Address
	New Address		
Permanent Address is Mandatory for any address change			
Can you reproduce last signature?	☐ Yes ☐ No	Reason for Inability	
Signature Change	Existing Signature	New Signature	** SS card update is required. New signature will be updated after approval.
NID/Smart ID			
Passport		Date of Expiry	
Driving License		Date of Expiry	
Mobile Number			
E-mail Address			
Update E-TIN			
Spouse Name			
Others	☐ Transaction Profile Update ☐ Image Change ☐ Nominee Change/Update ☐ Other		

☐ I/We have authorized the above instructions. I/We hereby declare that all details provided in this form are true and correct and are supported by valid documents enclosed with this form. I/We accept and agree that this declaration shall be in addition to any other declaration provided by me/us with respect to the facility provided by IFIC Bank and agree to indemnify and keep IFIC Bank indemnified from any loss, damage, claim, action, costs, charges and expenses which IFIC Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

Signature (1st A/c Holder)	Signature (2nd A/c Holder)	Signature (3rd A/c Holder)

BANK USE ONLY

☐ All the information stated above and customer signature has been checked and verified. All relevant supporting documents have been obtained as per bank's policy.
Note: The form and supporting documents will be attached with the customer's Account Opening Form.

Remarks:

Initiating Officer's Signature	Approving Officer's Signature
Name:	Name:
Date:	Date:
EID:	EID: