

Foreign Currency Endorsement Request Form

	Date						/	/		
The Branch Manager/ STSO										
Branch/ Uposhakha, IFIC Bank Limited										
Dear Sir, I would like to endorse my passport against Card/ Foreign Currency. Necessary information for this purpose is given bellow:										
ENDORSEMENT AGAINST		□ Cash		icy. N	Account Transfe		□ Credit Card		☐ Debit Card	
Account Number										
CARD HOLDER INFORMATION			(For Card endorsement, please specify your Card information)							
Card Holder's Name/ Customer Name:										
Card Number		*	* * *	*	*		Expiry Date			
Please Endorse Foreign Currency as per Following Table:										
Country to be visited	Currency	Rate	Total Amou	al Amount		oort No:				
				Expir	y Date:					
Endorsement Fee					NID/Birth Cert. No:					
VAT%					Contact No:					
Total (in Figure)					Email					
In Word:										
Enclosure:										
DECLARATION OF CUSTOMER/ CARD HOLDER I have authorized the above instructions. I hereby declare that all details provided in this form are true and correct and are supported by valid documents enclosed with this form. I accept and agree that this declaration shall be in addition to any other declaration provided by me 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 in the above declaration. I assume full responsibility for complying with the provisions of the Foreign Exchange Regulations Act 1947 and Foreign Exchange Regulations (Amendment) Act 2015, and rules, orders and directives issued thereunder. I declare that foreign exchange released to me shall be used for expenses incurred by me in a foreign country. I also understand that the maximum international usage on my credit card will be limited up to the available credit card limit (i.e. in local currency) of my credit card. I agree to the relevant Terms, Conditions and Clauses mentioned in this form.										
Card Holder's/Customer Signature Name:										
Date:										
Phone Number:										
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.										
Initiating Officer				Approving Officer's Signature						
Initiating Officer's Signature Name:							Name:			
Date:							Date:			
EID:						EID:				