

IFIC Amar Bank Enrolment Form

For Bank Use Only	
Customer ID:	

Date:

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To sign up for IFIC Amar Bank Enrolment Form all you need to fill up this form and submit to your nearest IFIC Bank Branch/Uposhakha. Please fill in the following information: (To be filled by Customer in CAPITAL LETTERS)

Customer Name (CAPITAL LETTERS)			
Account Number			
Mode of Account Operation	<input type="checkbox"/> Singly	<input type="checkbox"/> Either/Survivor	
Type of Account	<input type="checkbox"/> Individual	<input type="checkbox"/> Other than Individual	
<input type="checkbox"/> Please link all of the Account(s) with IFIC Amar Bank Enrolment Form, which has been associated with the Customer ID.			

Credit Card Details (if any)							
Credit Card Name	Credit Card Number						
		*	*	*	*	*	*
		*	*	*	*	*	*
Supplementary Credit Card Name (if any)	Credit Card Number						
		*	*	*	*	*	*
		*	*	*	*	*	*

Information Update							
Mobile Number		DOB					
Email Address (CAPITAL LETTERS)							
<i>Please write down your email address correctly and in BLOCK LETTERS. Bank will not bear any responsibility for any incident due to wrongly mentioned email address. (All secured information will be forwarded to this email address)</i>							

New Limit Request							
In Figure		In Word					
Modes of Enhancement	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> One Time	Till Date (If Required)			
Purpose of limit enhancement							

Declaration:			
<input type="checkbox"/> I/We confirm that the information given above is complete and accurate. I also certify that the mobile number is registered in my personal NID. All other E-mail and mobile number records within IFIC Bank Limited shall be updated accordingly.	Signature (1 st Applicant)	Signature (2 nd Applicant)	Signature (3 rd Applicant)

For Branch/Uposhakha Use Only	Branch/Uposhakha Code:	For Head Office Use Only
Name of Branch/Uposhakha:		Customer has joint account: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Account is Status: <input type="checkbox"/> Enable <input type="checkbox"/> Disable
Initiated & Verified By Initiating Officer's Sign with Date, EID & Seal Sign with Date, EID & Seal
Approved By Approving Officer's Sign with Date, EID & Seal Sign with Date, EID & Seal

