



# Letter of Authorization (Bearer)

Date  /  / 

Branch Manager/STSO

..... Branch/ Uposhakha,

IFIC Bank Limited

**ACCOUNT/CARD DETAILS**

Account Number							
Account/Card Title							
Card Number		*	*	*	*	*	*
E-mail Address							
Contact Number							
Type of Document	<input type="checkbox"/> Cheque Book	<input type="checkbox"/> Debit/Credit Card	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Solvency Certificate	<input type="checkbox"/> Others.....		
Reason	<input type="checkbox"/> Out of Town		<input type="checkbox"/> Sickness		<input type="checkbox"/> Others.....		

**BEARER INFORMATION**

Name of Bearer						
Relation with Accountholder						
Contact Number				E-Mail Address		
Account Number (If any)						
Party ID						
Identity Document Type (If no Account is available)	<input type="checkbox"/> National/Smart ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Student ID		
Identity Document Number				Expiry Date		

**SIGNATURE VERIFICATION**

I confirm that, I have Authorized the undersign person for collecting Cheque Book/Debit or Credit Card/Bank Statement/Solvency Certificate/ Others and I have verified the signature.

Signature of the Bearer (As per photo ID/Account)

Signature of the Accountholder

**BANK USE ONLY****Delivery Checklist (Please tick as applicable):** Customer requested & completed form and Signature verified Contact with Accountholder through Customer's registered phone number/E-Mail (If Customer is not available over phone)

Initiating Officer's Signature

Name:
Date:
EID:

Approving Officer's Signature

Name:
Date:
EID: