

Foreign Currency Endorsement/Encashment Request Form

				Date					
The Branch Manager/ STSO									
Branch/ Uposhakha,									
IFIC Bank Limited.									
Dear Sir, I would like to endorse	my passport against C	ard/ Foreign Cu	renc	y. Necessary	informa	tion for th	is purp	ose is gi	ven bellow:
□ Foreign Currency Endorsement									
Endorsement Against	☐ Account Debit ☐ Credit Card			☐ Debit Card ☐ Cash					
Customer Name									
Debit Account Details									
Account Number Card Details									
Card Number	*	* * * *	*		Expiry	Date			
	Please Endorse F	oreign Currenc	y (FC	as per Follo	wing Inf				
Country to be visited				Amount in F	C				
NID/Birth Certificate				Rate					
Passport No.				Amount in E	BDT				
Expiry Date				*Endorseme	ent Fee				
Contact No				VAT%					
Email				Total					
Enclosure									
*Endorsement fee is not applicable for 'Endorsement against debit card and credit card' Foreign Currency Encashment									
Customer Name									
Passport No.				Expiry Date			Amour	nt in FC	
Amount*				Rate					
*FMJ form will be collected from customer if encashment amount exceeds \$5000 USD.									
Declaration									
L 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's Signature				2 nd Applicants Signature (if any)					
Name: Name:									
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 Official's Signature Approving Official's Signature									
	ing Official S Signature				Approv	ing Official	i s Signa	iture	
Name: EID:				Name: EID:					