IFIC

Payment Order Issuance and Cancellation Application Form

■ Payment Order Issuance

Branch/Uposhakha		**Date**	
Applicant Type	□ IFIC Account Holder	□ Non-Account Holder	
Account Name (IFIC a/c)			
Account No. (For IFIC a/c)			
Mode of Payment	□ Cash	□ Debit A/c	□ Cheque No:
Amount (In figure)		**Amount** (In Word)	
Purpose			
Duplicate Issuance			

Beneficiary Information

Beneficiary Name			
Beneficiary Address			
* Account Number		*** Bank Name**	
* Contact Number		*** Branch Name**	

* Customer can provide that information if available

Applicant's Information (For non-a/c holder only)

Applicant's Name		
Applicant's Address		
Contact Number	*** NID or Photo ID**	

Bearer's Information | Bearer's Signature

Bearer's Name		
Bearer's Address		Signature
Relation with applicant		
Contact Number	*** NID or Photo ID**	Attested by Applicant

* NID or Photo ID will be collected as per regulatory directives (ছবিযুক্ত পরিচয়পত্র এর কপি সংযুক্তিকরন সত্যয়নসহ)

■ Payment Order Cancellation

Pay Order Number		**Issue Date**		**Mode of Repayment**	□ Cash (for non-a/c holder) / □ Credit to Source A/c
Amount		**PO Released**	□ Yes □ No	**Cancellation Reason**	
Beneficiary					

I/We hereby authorize the Bank to debit the mentioned PO amount and all scheduled charges (Issuance or Cancellation or Duplication) from my/our account or receive the same in cash as mentioned above.

1st Applicant's Signature	2nd Applicant's Signature (if any)
Signature	Signature
Name: **Date:**	**Name:** **Date:**

Bank Use Only

Physical Presence (A/C Holder)	□ Yes	□ No	**Mode of a/c Operation**	
□ **Call Back Confirmation**	Contact No:		**Date:**	**Time:**
□ **NID or Photo ID**	□ Verified	□ Attested	**Fees or Charges**	□ Charge: □ VAT:

Initiating Official's Signature	Approving Official's Signature
Signature	Signature
Name: **EID:** **Date:**	**Name:** **EID:** **Date:**