CARD SERVICE REQUEST FORM

Date [ ] / [ ] / [ ]

Card Holders Details

Card Holder's Name	
Card Number		*	*	*	*	*	*	
Card Type	☐ Credit Card ☐ Debit Card ☐ Prepaid Card
Account Number	
Contact Number	
Email Address	

Service Requirement

Enrollment & Enhancement

Applying for	☐ New Card ☐ Reissue Card ☐ Reissue PIN
Reason for Applying	
Enhancement of Limit	☐ ATM Limit ☐ Purchase Limit ☐ E-Commerce Limit ☐ Credit Limit
	Current Limit [ ] New Limit [ ]

Dispute & Surrender

Card Captured at ATM	Date:	Time:	ATM Bank Name:	ATM Location:
Excess Debit at ATM/POS	Date:	Time:	Amount:	Bank Name:
Lost Card	Date:	Time:	Location	
Surrender the Card to IFIC	Date:	Time:	Reason for Surrender	

Limit & E-Commerce

Limit Conversion	Amount: ☐ BDT ☐ USD	To	Amount: ☐ BDT ☐ USD
Foreign Part Activation/Deactivation	☐ Activate ☐ Deactivate	From [ ]	To [ ]
Purpose		Country of Trans. Origination	

Payment Rearrange

Auto Debit Instruction for CC Payment	☐ Yes A/C No. [ ] ☐ Full Payment ☐ Minimum Payment
Others (Please Specify)	

☐ I hereby declare that I have read and understand with my full consent & knowledge and filled up the form with true information. I will abide all the term & conditions and agree to pay any charges included in related to the service(s) stated above accordingly. I also hereby authorize IFIC Bank to debit the charges as applicable from the above-mentioned Account No.

Enclosed Documents

☐ NID/Passport Copy   ☐ Plastic Card (Punched)
☐ Last Postpaid Bill   ☐ Bank Statement (For limit Enhancement)
☐ Salary Certificate   ☐ Others……..……………….

Card Holder's Signature with Date

Head Office Use Only			Branch/Uposhakha Only
Approval from CRM (For Limit Enhancement)	☐ Yes	☐ No	
CRM Approval Letter Invoice No. (with Date)	Invoice No.	Date:	
Processor's Officers Name			Signature of Initiating Officer of Branch/Uposhakha
Processor's Officers EID/PA No.			Name:
Signature of the Processor	Signature of the Approving Officer		Date:
Name:	Name:		EID:
Date:	Date:		
EID:	EID:		