

Date: DD / MM / YYYY

The Head of Branch

Bank Asia PLC.



Branch/Center/Window

A. Account Information Update/Change:

Please arrange to change/update of the following information of my/our a/c as indicated below:

Account Information

Account Number: _____

Account Title: _____

Particulars	Existing	Proposed
<input type="checkbox"/> Mobile number		
<input type="checkbox"/> E-mail Address		
<input type="checkbox"/> Account Title (as per NID)		
Address: <input type="checkbox"/> Present <input type="checkbox"/> Permanent		
<input type="checkbox"/> Change of Signature		
Change of Nominee	Name : NID No. : Date of Birth : Mob. No. :	Name : NID No. : Date of Birth : Mob. No. : Relation :
Others (Please specify)		

B. Re-activation of Dormant Account: You are requested to re-activate the following Dormant account :**Account Information**

Account Number: _____

Account Title: _____

C. Close of Account: I/we would like to request you to close my/our following A/C after deduction of all necessary charges (if any) as per below instruction. I/we have further confirmed that I/We have no liability with your esteemed Bank and all other instructions to the a/c are hereby canceled.**Close Account Details**

Account Information	Account Number: _____ Account Title: _____
Document Attached	<input type="checkbox"/> Unused Check Leaves: From _____ To _____ <input type="checkbox"/> ATM Card <input type="checkbox"/> Others _____
Reasons for Closing the Account	<input type="checkbox"/> Leaving Bangladesh <input type="checkbox"/> Service quality concerns <input type="checkbox"/> Salary A/C <input type="checkbox"/> Charges <input type="checkbox"/> Others _____
Remaining Balance Payment Instruction	Transfer to A/c No. : _____ Account Title: _____ Or <input type="checkbox"/> Issue a Pay Order Fvg: _____

D. Encashment Service Request (s): Please arrange to encash the following(s):-

Account Details	Account Number: _____ Account Title: _____ A/C Type : <input type="checkbox"/> FDR <input type="checkbox"/> DPS <input type="checkbox"/> Others _____
Encashment Type	<input type="checkbox"/> Matured Encashment <input type="checkbox"/> Pre-matured Encashment <input type="checkbox"/> Interest Withdrawal
Payment Option	<input type="checkbox"/> In cash Or <input type="checkbox"/> Credit Account No: _____ Or <input type="checkbox"/> Issue a Pay Order Fvg. _____
Encashment of Sanchaypatra	<input type="checkbox"/> Sanchaypatra Reg. No.: _____ Issue Date: _____ Amount: _____

I/We have authorized the above instructions. I/We hereby declare that all details provided in this form are true and correct and are supported by valid documents enclosed with this form.

Signature of 1st Applicant

Signature of 2nd Applicant

For Bank Use Only☐ All the information stated above and customer's signature has been checked and verified. All relevant supporting documents have been obtained as per bank's policy.☐ Signature Verified

Physical Presence

☐ Yes ☐ No☐ Callback Confirmation: Contact No: _____

Date & Time: _____

Charge realized:

☐ Yes ☐ No Tk _____

Initiating Officer's Signature with Seal

Approving Officer's Signature with Seal