

Date: DD / MM / YYYY

The Head of Branch

Bank Asia PLC.



\_\_\_\_\_ Branch/Center/Window

**Account Information**

Account Number: \_\_\_\_\_ Account Title: \_\_\_\_\_

**A. Issuance of Document: Kindly issue the following document(s) as indicted below:**

<input type="checkbox"/> A/C Statement	From <u>DD / MM / YYYY</u> to <u>DD / MM / YYYY</u>
<input type="checkbox"/> Certificate	<input type="checkbox"/> Solvency Certificate in BDT/ FCY <input type="checkbox"/> Balance Confirmation Certificate in BDT/ FCY <input type="checkbox"/> Inward Remittance Certificate <input type="checkbox"/> Sanchaypatra Issuance/Investment Certificate <input type="checkbox"/> Foreign Currency Encashment Certificate <input type="checkbox"/> Loan Outstanding Certificate <input type="checkbox"/> Others (Please specify) _____
<input type="checkbox"/> Tax certificate	Financial Year _____/ _____ <input type="checkbox"/> DPS/FDR <input type="checkbox"/> SB/CD/SND A/C <input type="checkbox"/> SP Interest/Tax Certificate <input type="checkbox"/> Others _____

**B. Service Request (s): Kindly execute the following service request(s).**

<input type="checkbox"/> Fund Transfer (within Bank Asia PLC)	Beneficiary A/C Number: _____ Beneficiary A/C Name: _____ Amount (in figure): _____ Amount (in words): _____ Justification: _____	
<input type="checkbox"/> Pay Order Issuance	Mode of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Debit Link A/C _____ <input type="checkbox"/> Cheque No. _____ Date _____ Amount in Figure: _____ Amount in Word: _____	Beneficial Type: <input type="checkbox"/> Individual <input type="checkbox"/> Govt. Institute <input type="checkbox"/> Non- Govt. Institute Beneficiary: _____ Address: _____ Contact No. _____ Purpose: _____
<input type="checkbox"/> Pay Order Cancellation	Pay Order Number: _____ dated _____ favoring _____ Amount (in figure): _____ Credit A/C No. _____ Justification: _____	
<input type="checkbox"/> Debit Card	<input type="checkbox"/> New Issuance <input type="checkbox"/> Replacement	
<input type="checkbox"/> Internet Banking	E-mail ID: _____ Customer ID: _____	
<input type="checkbox"/> Cheque Issue	Containing _____ Leaves	
<input type="checkbox"/> Stop Payment	Cheque Leaf(ves) No. _____	
<input type="checkbox"/> Positive Pay	Chq. No. _____ Amt. _____ Date: _____ Fvg: _____	
<input type="checkbox"/> Others (Please specify)	_____	

**C. Collection Authorization: Please arrange to provide the following(s) to the Bearer:**

<input type="checkbox"/> Collection Authorization	Cheque Book _____ leaves <input type="checkbox"/> FD Receipt <input type="checkbox"/> A/C Statement <input type="checkbox"/> Tax Certificate <input type="checkbox"/> Balance Confirmation Certificate <input type="checkbox"/> Sanchaypatra Script <input type="checkbox"/> Return Cheque (Ch. No: _____ Issuing Branch _____) <input type="checkbox"/> ATM Card <input type="checkbox"/> NOC <input type="checkbox"/> Pay Order, Amount Tk. _____ PO No. _____ <input type="checkbox"/> Others (Please specify) _____
<b>Bearer's Details</b>	Name: _____ Mobile No.: _____ Signature: _____ Signature of A/C Holder for Attestation: _____

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**

<input type="checkbox"/> All the information stated above and customers' signature has been checked and verified. All relevant supporting documents have been obtained as per bank's policy.		
<input type="checkbox"/> Signature Verified	Physical Presence <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Callback Confirmation: Contact No: _____ Date & Time: _____
		Charge realized: <input type="checkbox"/> Yes <input type="checkbox"/> No    Tk. _____

\_\_\_\_\_  
Initiating Officer's Signatue with Seal

\_\_\_\_\_  
Approving Officer's Signature with Seal