

Account Services Form-I

(USE BLOCK LETTERS & CROSS OUT UNUSED SECTIONS)
 Please Fill in the Required Section(s) Only

Date	D	D	M	M	Y	Y	Y	Y	Branch Name		
Account Number											
Account Name											
Declaration	Signature: 1st Applicant				Signature: 2nd Applicant						
I have understood, authorized & advised the bank to comply with the below instruction (s)											
A. Update Information: Please update my / our following information for:											
Residence Address/Present Address											
Permanent Address											
Office Address/Branch Name											
Mailing Address (Please select One)	<input type="checkbox"/> Residence Address	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Office Address								
Mobile Number (Primary)					Mobile Number (Secondary)						
Phone Number Home					Phone Number Office						
Email Address											
1. The above Information shall apply for all your accounts, term deposits, scheme deposits, Loan Accounts, (If any) 2. The above primary Mobile and Email address shall be used for all types of Digital Services, i.e., SMS Alert, Online Banking, e-Statement. 3. Duly signed signature card & latest Photo of the applicant are required while changing Primary Contact number.											
Occupations Details (Document Attached)	Designation & Organization				Monthly Income (In BDT)			/-			
Business Details:	Organization Name: Business Type: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service <input type="checkbox"/> Trading Type of Product: Yearly Turn over: Manpower:										
ETIN Number											
NID Number											
Passport Number											
Birth Certificate Number											
Trade License Number											
Personal Details	Personal details shall match with applicant's Identity Documents. Supporting documents attached. If it of the differs then update the information based on my declaration & undertaking.										
Spouse Name											
Father's Name											
Mother's Name											
Date of Birth					Nationality						
Religion					Marital Status						
B. Digital Services: Please enroll me in the following services of the Bank											
<input type="checkbox"/> Online Banking <input type="checkbox"/> SMS Banking Enrolment <input type="checkbox"/> E-Statement Enrollment											
Frequency of E-Statement			<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-Yearly	<input type="checkbox"/> Yearly					
<input type="checkbox"/> E-Statement D-Enrollment			<input type="checkbox"/> Start sending hard Copy (Half Yearly /Yearly)								
For Bank Use Only					Instructions Received through Bearer (Call Back Details)						
Verified Officer											
Officer Sign											
Name Seal With Date											
Authorizing Officer											
MOP/HOB Sign											
Name Seal With Date											
HOB With Date Approval											
Telephone Number Called											
Date & Time of Call Made											
Phone Number used					+880						
Name of Contacted Person					A/C Holder Only						
Result of Call Back											
Name of Officer Making Call Back											
Sign with Seal											