

(USE BLOCK LETTERS & CROSS OUT UNUSED SECTIONS)

Please Fill In The Required Section (s) Only [Keep SR# Blank]

(*) indicates mandatory fields

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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Account No	
Account Name	
Authorize & Agree	Signature: Primary A/C
I/We have authorized the below instructions. I/We both agree to the relevant Terms, Conditions and Clauses mentioned in this form.	Signature: Joint A/C

SR#

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<input type="checkbox"/> A. FD Renewal /Encashment											
FD Account Name											
Fixed Deposit Account No. 1 (*)											
Fixed Deposit Account No. 2											
Fixed Deposit Account No. 3											
FD Maturity Date 1 (*)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
FD Maturity Date 2	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
FD Maturity Date 3	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
(if funded a/c is closed) Pay by Pay Order	<input type="checkbox"/> Yes										
(if by pay order) Beneficiary Details											
(if not by pay order & funded a/c is closed) Transfer to A/C No.											
Transferred A/C Name											
Renew of principal amount and transfer the accrued interest to A/C No. <input type="checkbox"/>											
Other											

SR#

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<input type="checkbox"/> B. Retail Account Closure	
Account No. 1 (*)	
Account Name1 (*)	
Account No. 2	
Account Name 2	
I do not have any other payables/ cheques/ funds to be credited in account(s)	<input type="checkbox"/> Yes
I expect that a fund will be credited and only after that Bank may close the account(s)	<input type="checkbox"/> Yes (Expected Date/...../.....)
Debit Card attached/destroyed/misplaced	<input type="checkbox"/> Attached <input type="checkbox"/> Destroyed <input type="checkbox"/> Misplaced(Reported to Bank)
Unused cheque leaves attached/destroyed/misplaced	<input type="checkbox"/> Attached <input type="checkbox"/> Destroyed <input type="checkbox"/> Misplaced(Reported to Bank)
Pay residual balance in the form of	<input type="checkbox"/> Cash <input type="checkbox"/> Pay Order/Remittance** <input type="checkbox"/> Transfer to another A/C
**Use appropriate form in addition	
Transfer to Account Number	
Transfer to Account Name	
Reasons for Closing (*):	<input type="checkbox"/> Leaving Bangladesh <input type="checkbox"/> Service Quality Concern <input type="checkbox"/> Moving to Other Bank <input type="checkbox"/> Other
(if by pay order) Beneficiary Details	

For Bank Use Only	
Verified by Staff (Sign, Seal and Date)	Verified by Staff (Sign, Seal and Date) <input type="checkbox"/> Photo ID <input type="checkbox"/> Bank Account No. <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card
Received Instruction through Bearer (Callback Details)	
Telephone Number(s) Used	
Date & Time of Attempted Contact	
Name(s) of the Contacted Person(s)	
Could Not be Contacted due to	
Authentication Details	
Name of the Staff Making Callback & Bank ID	
Signature	