

(for callback confirmation)

## Service Request Form

To be completed at branch level

| Date:DD ./MM ./YY  | Υ  |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
|--|--|--|--------------------------------|--------------------------------|--------|-------------|----------|---------|-------|----------|-------|------|--------|---------|--|--|--|--|
| Branch Manager   | Account Number:  |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| BRAC Bank Ltd.   |  |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Branch:  |  | Account Name:  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| <b>A. Document issue</b> Kindly issue copy(s) c                            | of the documer   | nt(s) as indicated belo  | w:                             |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| A/C Statement  | From DD  | from <u>DD / MM / YYYY</u> to <u>DD / MM / YYYY</u>  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Certificate [  | A/C Certificate A/C Balance Certificate: in BDT A/C Balance Certificate: in () FCY  Sanchaypatra Issuance/Interest Certificate Loan Outstanding Certificate  Foreign Currency Encashment Certificate Inward Remittance Certificate |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| ☐ Tax certificate  | Year   | ear DPS Foreign Remittance/Interest Income   |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| B. Service Request(s) Kindly execute the followin  Collection Authorizatio |  | est(s)<br>ok (SL No:   | _to                            |                                | _, [_  | ] le        | eaves)   |         | FD Re | eceipt// | Advic | e [  | BA     | Letter  |  |  |  |  |
| (In addition to the documents mentioned above)                             |  | <ul> <li>□ Sanchaypatra □ Return Clearing Cheque (Ch. No: Issuing Bank)</li> <li>□ No Objection Certificate (NOC)</li> </ul> |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| ☐ Fund Transfer  | Beneficiary A/C Number:  Beneficiary A/C Name:  Amount (in figure):  Justification:  Amount (in words):  |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Pay Order Issuance   | Currency: BDT USD Beneficio  |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Mode of Payment  | Amount (in f   | Amount (in figure):  |                                |                                | Bank:  |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Cash   | Amount (in \   | words):  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Debit Link A/C   |  |  | A/C No:                        |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Cheque No:   | Purpose:   | Purpose:   |                                |                                |        |             | Address: |         |       |          |       |      |        |         |  |  |  |  |
| Dated//  | -   ` `<br>-   | ·  |                                |                                |        | Contact No: |          |         |       |          |       |      |        |         |  |  |  |  |
| Pay Order Cancelatio   | n Pay Order N  | Pay Order Number: dated favoring   |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
|  | Amount (in f   | igure):  |                                | Justifi                        | icatio | <br>n:      |          |         |       |          |       |      |        |         |  |  |  |  |
| If delivery through beare  |  |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Bearer Name:   |  | Branch   | Addre                          | SS:                            |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Bearer's Mobile Number:  |  |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Bearer's Signature:  |  | Signatu  | re of th                       | ne Acco                        | unt H  | older       | for Atte | estatic | on    |          |       |      |        |         |  |  |  |  |
| I/We hereby authorize the charges from my/our ab                           |  |  |                                |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
|  |  |  |                                | 1st .                          | Acco   | unt ho      | older    |         |       | 2nd      | d Acc | coun | t hold | er      |  |  |  |  |
|  |  | For Bo   | ank U                          | lse Onl                        | У      |             |          |         |       |          |       |      |        |         |  |  |  |  |
| ☐ Mode of operation  | ☐ Signature ☐ Physical Presence  |  |                                | Charge realized Transaction Id |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
|  | Verified   |  | Charge realized Transaction Id |                                |        |             |          |         |       |          |       |      |        |         |  |  |  |  |
| Callback Confirmatio   | n  | Contact No:  |                                |                                |        | Da          | ıte & Ti | me:     |       |          |       |      |        |         |  |  |  |  |
| Signature with Segl/PIN  |  |  |                                |                                |        |             |          |         |       |          |       |      |        | <u></u> |  |  |  |  |