

Date: ..DD../..MM../..YYYY.....

Branch Manager

Account Number:

BRAC Bank PLC.

Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

**A. Document issue**

Kindly issue \_\_\_\_ copy(s) of the document(s) as indicated below:

<input type="checkbox"/> <b>A/C Statement</b>	From <u>DD</u> / <u>MM</u> / <u>YYYY</u> to <u>DD</u> / <u>MM</u> / <u>YYYY</u>
<input type="checkbox"/> <b>Certificate</b>	<input type="checkbox"/> A/C Certificate <input type="checkbox"/> A/C Balance Certificate: in BDT <input type="checkbox"/> A/C Balance Certificate: in (____) FCY <input type="checkbox"/> Sanchaypatra Issuance/Interest Certificate <input type="checkbox"/> Loan Outstanding Certificate <input type="checkbox"/> Foreign Currency Encashment Certificate <input type="checkbox"/> Inward Remittance Certificate
<input type="checkbox"/> <b>Tax certificate</b>	Year _____ <input type="checkbox"/> Loan <input type="checkbox"/> DPS <input type="checkbox"/> Foreign Remittance/Interest Income

**B. Service Request(s)**

Kindly execute the following service request(s)

<input type="checkbox"/> <b>Collection Authorization</b> <small>(In addition to the documents mentioned above)</small>	Cheque Book (SL No: _____ to _____, [____] leaves) <input type="checkbox"/> FD Receipt/Advice <input type="checkbox"/> BA Letter <input type="checkbox"/> Sanchaypatra <input type="checkbox"/> Return Clearing Cheque (Ch. No: _____ Issuing Bank _____) <input type="checkbox"/> No Objection Certificate (NOC)	
<input type="checkbox"/> <b>Fund Transfer</b>	Beneficiary A/C Number: _____ Beneficiary A/C Name: _____ Amount (in figure): _____    Justification: _____ Amount (in words): _____	
<input type="checkbox"/> <b>Pay Order Issuance</b>	Currency: <input type="checkbox"/> BDT <input type="checkbox"/> USD Amount (in figure): _____ Amount (in words): _____ Purpose: _____	Beneficiary: _____ Bank: _____ Branch: _____ A/C No: _____ Address: _____ Contact No: _____
<input type="checkbox"/> <b>Mode of Payment</b> <input type="checkbox"/> Cash <input type="checkbox"/> Debit Link A/C <input type="checkbox"/> Cheque No: _____ Dated ___/___/_____		
<input type="checkbox"/> <b>Pay Order Cancellation</b>	Pay Order Number: _____ dated _____ favoring _____ Amount (in figure): _____ Justification: _____	

**If delivery through bearer (যদি অ্যাকাউন্টহোল্ডার ব্যতীত অন্য কেউ আসে):**

Bearer Name: _____	Branch Address: _____
Bearer's Mobile Number: _____	
Bearer's Signature: _____	Signature of the Account Holder for Attestation _____

I/We hereby authorize the Bank to debit all scheduled charges from my/our abovementioned account.

\_\_\_\_\_  
1st Account holder\_\_\_\_\_  
2nd Account holder**For Bank Use Only**

<input type="checkbox"/> Mode of operation _____	<input type="checkbox"/> Signature Verified	<input type="checkbox"/> Physical Presence <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Charge realized _____ <input type="checkbox"/> Charge realized _____	<input type="checkbox"/> Transaction Id _____ <input type="checkbox"/> Transaction Id _____
<input type="checkbox"/> Callback Confirmation	Contact No: _____	Date & Time: _____		
Signature with Seal/PIN (for callback confirmation)	Request Received & Delivered By (BSSO)	Action Taken & Approved by (BM/BOM)		