

# SERVICE REQUEST FORM

|      |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|
| Date | D | D | / | M | M | / | Y | Y | Y | Y |
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|      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| WBMS | W |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |   |   |  |  |  |  |  |  |  |                              |  |                             |  |   |  |  |  |  |  |                      |  |  |  |                              |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|--|------------------------------|--|-----------------------------|--|---|--|--|--|--|--|----------------------|--|--|--|------------------------------|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Name:</b>                                     |   |   |  |  |  |  |  |  |  |                              |  |                             |  |   |  |  |  |  |  |                      |  |  |  |                              |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Account Number</b>                            | 0 | 0 |  |  |  |  |  |  |  |                              |  |                             |  |   |  |  |  |  |  | <b>Mobile Number</b> |  |  |  |                              |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Email ID (if any)</b>                         |   |   |  |  |  |  |  |  |  |                              |  |                             |  |   |  |  |  |  |  |                      |  |  |  |                              |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Has client physically visited the branch?</b> |   |   |  |  |  |  |  |  |  | <input type="checkbox"/> Yes |  | <input type="checkbox"/> No |  | <b>Has client been called for confirmation?</b> |  |  |  |  |  |                      |  |  |  | <input type="checkbox"/> Yes |  | <input type="checkbox"/> No |  |  |  |  |  |  |  |  |  |  |  |  |

| Requests of <b>DEPOSIT</b> clients (please put tick marks) |  |                                    |  |  |  |   |                                      |  |  | Requests of <b>ASSET</b> clients (please put tick marks)                                      |   |  |   |  |  |  |                                      |                                    |  |                              |   |  |   |  |                                      |   |  |  |                                       |  |  |   |   |
|--|--|------------------------------------|--|--|--|---|--------------------------------------|--|--|---|---|--|---|--|--|--|--------------------------------------|------------------------------------|--|------------------------------|---|--|---|--|--------------------------------------|---|--|--|---------------------------------------|--|--|---|---|
| <input type="checkbox"/> Balance Certificate               | <input type="checkbox"/> Tax Certificate | <input type="checkbox"/> Statement | <input type="checkbox"/> Renew Principal with Interest | <input type="checkbox"/> Interest Transfer & Renew Principal | <input type="checkbox"/> Tenure Change           | <input type="checkbox"/> Encashment (Partial/Premature/Matured) | <input type="checkbox"/> SMS Service | <input type="checkbox"/> Reissue TD/MB Receipt | <input type="checkbox"/> Collect TD/MB Receipt | <input type="checkbox"/> Nominee Change   | <input type="checkbox"/> BEFTN Information Update | <input type="checkbox"/> MB/Flexi/Quick Sanchoy Payment Update | <input type="checkbox"/> DDI Request (New/Change) | <input type="checkbox"/> Product Migration | <input type="checkbox"/> Outstanding Certificate | <input type="checkbox"/> Tax Certificate | <input type="checkbox"/> SMS Service | <input type="checkbox"/> Statement | <input type="checkbox"/> Loan Settlement Calculation | <input type="checkbox"/> NOC | <input type="checkbox"/> No Overdue Certificate | <input type="checkbox"/> Takeover Letter | <input type="checkbox"/> SOD/Card Settlement with TDR | <input type="checkbox"/> SOD Renewal <b>Mention Period</b> | <input type="checkbox"/> Rate Change | <input type="checkbox"/> DDI Request (New/Change) | <input type="checkbox"/> PDC Change/Update | <input type="checkbox"/> Partial Payment | <input type="checkbox"/> Tenor Change | <input type="checkbox"/> EMI Size Change | <input type="checkbox"/> EMI Date Change | <input type="checkbox"/> PDC/UDC/TDR Inst. Return | <input type="checkbox"/> Photocopy of Documents |
| Encashment Reason:   |  |                                    |  |  |  |   |                                      |  |  | TDR No.:  |   |  |   |  |  |  |                                      |                                    |  |                              |   |  |   |  |                                      |   |  |  |                                       |  |  |   |   |
| <b>Tax Return Status:</b>                                  |  |                                    |  |  | <b>Enclosure:</b>                                |   |                                      |  |  | <b>For Product Migration:</b> <span style="color: grey;">Mention Proposed Product Name</span> |   |  |   |  |  |  |                                      |                                    |  |                              |   |  |   |  |                                      |   |  |  |                                       |  |  |   |   |
| <input type="checkbox"/> Updated in System                 |  |                                    |  |  | <input type="checkbox"/> Original TDR Instrument |   |                                      |  |  | Amount :  |   |  |   |  | Rate:  |  |                                      |                                    |  |                              |   |  |   |  |                                      |   |  |  |                                       |  |  |   |   |
| <input type="checkbox"/> Not Updated in System             |  |                                    |  |  | <input type="checkbox"/> Photocopy of Cheque     |   |                                      |  |  | Tenure :  |   |  |   |  | Date:  |  |                                      |                                    |  |                              |   |  |   |  |                                      |   |  |  |                                       |  |  |   |   |
| <input type="checkbox"/> Tax Return/NBR Certificate        |  |                                    |  |  |  |   |                                      |  |  |   |   |  |   |  |  |  |                                      |                                    |  |                              |   |  |   |  |                                      |   |  |  |                                       |  |  |   |   |

|                                      |                        |  |   |  |
|--------------------------------------|------------------------|--|---|--|
| <b>Payment Instruction</b>           | <b>Bank Name</b>       |  | X | <b>Client Signature</b><br><small>Please make payment to this bank account</small> |
|                                      | <b>Branch Name</b>     |  |   |  |
|                                      | <b>Bank A/C Title</b>  |  |   |  |
|                                      | <b>Bank A/C Number</b> |  |   |  |
|                                      | <b>Routing Number</b>  |  |   |  |
| <input type="checkbox"/> Cheque      |                        |  |   |  |
| <input type="checkbox"/> EFT / BEFTN |                        |  |   |  |
| <input type="checkbox"/> RTGS        |                        |  |   |  |

| Please update following information (Supporting document to be provided) |          |                                      |  |
|--|----------|--------------------------------------|--|
| Mailing Address  |          | Customer's Name (correction purpose) |  |
| Residence Address  |          | Spouse's Name (correction purpose)   |  |
| Permanent Address  |          | Father's Name (correction purpose)   |  |
| Office Address   |          | Mother's Name (correction purpose)   |  |
| Occupation Details (Designation & Organization)                          |          |                                      |  |
| Mobile Number  |          | Tax Identification Number (ETIN)     |  |
| Phone Number   |          | National ID Number (NID)             |  |
| Email Address  |          | Passport Number (with expiry date)   |  |
| <b>Nominee/ Minor's Guardian Name</b>                                    |          | DOB                                  |  |
| Father's Name  |          | Mother's Name                        |  |
| Relationship   |          | NID No.                              |  |
| Address  |          | Signature                            |  |
| <b>Update Signature</b>  | Existing | New                                  |  |

|   |  |
|---|--|
| <b>Confirmation for Authorized Representative</b> | I / We hereby authorize Mr./Ms:<br>NID Number..... to act on my behalf to execute the request of<br>..... related to above mentioned account.<br>Specimen Signature..... |
|---|--|

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|--|---|---|
| I/We have authorized the above instructions and agree to the relevant terms and conditions of LankaBangla Finance Ltd.<br><br>.....<br><b>Customer's Signature</b> | .....<br><b>Received, Checked and Verified By</b> | .....<br><b>Recommended/Approved By</b> |
|--|---|---|