

GOVERNMENT SECURITIES INVESTMENT SERVICE REQUEST FORM



Date / /

Branch Manager/STSO,

----- Branch/Uposhakha,

IFIC Bank Limited

Business Participant ID	
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I / We request you to provide the bellow mentioned service as per the following details:

ACCOUNT INFORMATION

Account Title	
Account No.	

GOVERNMENT SECURITIES DETAILS

<input type="checkbox"/> Treasury Bill	Maturity Period	<input type="checkbox"/> 91 Days	<input type="checkbox"/> 182 Days	<input type="checkbox"/> 364 Days		
	Purchase Amount (BDT)					
	In words					
	Bidding Price		(Leave blank to bid at market rate)			
<input type="checkbox"/> Treasury Bond	Maturity Period	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 5 Years	<input type="checkbox"/> 10 Years	<input type="checkbox"/> 15 Years	<input type="checkbox"/> 20 Years
	Purchase Amount (BDT)					
	In words					
	Bidding Rate		(Leave blank to bid at market rate)			

DECLARATION

I/We have authorized the above instructions. I/We hereby declare that all details provided in this form are true and correct and are supported by valid documents enclosed with this form. I/We accept and agree that this declaration shall be in addition to any other declaration provided by me/us with respect to the facility provided by IFIC Bank and agree to indemnify and keep IFIC Bank indemnified from any loss, damage, claim, action, costs, charges and expenses which IFIC Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

<input style="width: 90%; height: 30px;" type="text"/>	<input style="width: 90%; height: 30px;" type="text"/>	<input style="width: 90%; height: 30px;" type="text"/>
Signature 1 st Applicant	Signature 2 nd Applicant	Signature 3 rd Applicant

Name: Date: Phone Number:	Name: Date: Phone Number:	Name: Date: Phone Number:
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BANK USE ONLY

All the information stated above and customer signature has been checked and verified. All relevant supporting documents have been obtained as per bank's policy.

<input style="width: 90%; height: 30px;" type="text"/>	<input style="width: 90%; height: 30px;" type="text"/>
Initiating Officer's Signature	Approving Officer's Signature

Name: Date: EID:	Name: Date: EID:
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