





GOVERNMENT SECURITIES INVESTMENT SERVICE REQUEST FORM



Branch Manager/OIC,		Date	
	Brand	h/Uposhakha,	
IFIC Bank PLC			
Business Participant ID			
I / We request you to pre	ovide the bellow mention	ed service as per the following de	etails:
ACCOUNT INFORMATION	ON		
Account Title			
Account No.			
GOVERNMENT SECURIT	TIES DETAILS		
Treasury Bill	Maturity Period	O 91 Days	182 Days 364 Days
	Purchase Amount		
	(BDT)		
	In words		
	Bidding Price		(Leave blank to bid at market rate)
Treasury Bond	Maturity Period	2 Years 5 Years	10 Years 15 Years 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.			
Signature 1st Applicant		Signature 2 nd Applicant	Signature 3 rd Applicant
Name: N		ame:	Name:
		ate:	Date:
Phone Number:	P	none Number:	Phone Number:
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.			
Initiating Officer's Signature			Approving Officer's Signature
Name:			Name:
Date:			Date:
EID:			EID: