

Application Form for ATM Card

Debit Card Credit Card (Tick the right box)

Name:

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(Name, as you would like it to be embossed on the card(s) 18 characters for Debit Card or Sonali Credit Card. Please Leave a blank space between each name.)

Personal Particulars

Title : Mr. Mrs. Ms. Others _____ (Specify)

Full Name : _____

Father's Name : _____

Mother's Name : _____

Spouse's Name : _____

Marital Status : Married Single Others _____

Date of Birth :

--	--	--	--	--	--

 (dd/mm/yy)

Residential Address: _____

Number of years at current address _____

Permanent Address: _____

Contact Number Details:

Officer Phone _____ Fax _____

Resident Phone _____ Mobile _____

E-mail _____

Nationality _____

Passport No. _____ Date of Expiry ____/____/____

Tax Identification No (TIN) _____

Bank Reference:

Account Number _____

Branch Name _____

Type of Account _____ Opening Date ____/____/____

Working Profile

Salaried Self-employed Others _____

Company Name _____

Designation _____

Address _____

Nature of Business _____

Number of years with current organization _____

P.F. Index Number (In case of SBL Official) _____

Make correspondence: Residence Office

Financial Status (For Credit Card only)

Credit Limit Tk. _____

Present Scale _____

Present Salary (After all deductions) _____

Guarantor's Profile (For Credit Card only)

Full Name _____

Father's Name _____

Mother's Name _____

Residential Address _____

Number of years at current address _____

Permanent Address: _____

Nationality _____

Passport No. _____ Date of Expiry ____/____/____

Office/Company Name _____

Designation _____

Address _____

Nature of Business _____

Number of years with current organization _____

Present Scale of Pay _____



Photo

Debit Authority

I, the undersigned _____ (full Name) hereby irrevocably authorize Sonali Bank Limited to debit my under mentioned account for the amount of any charges/fees occurred through the use of the Debit or Credit Card issued by Sonali Bank Limited including any reissue/replacement of cards and agree to undertake all the liabilities for all charges incurred due to the utilization of the Debit or Credit Card by the cardholder together with any further sum to which the cardholder may be entitled in respect of the transaction.

For Supplementary Card Facility

I request and authorize you to issue a supplementary Debit or Credit Card to the following person. I agree to pay and be liable for all dues in respect of Debit or Credit Card issued to him/her.

Card No. _____

Valid Up to:

--	--	--	--

Mth. Yr. _____ Signature of the Principal Cardholder

Name of the Supplementary Card's applicant to be embossed on the card

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Title : Mr. Mrs. Ms. Others _____

Full Name _____

Sex: Male Female Date of Birth:

--	--	--	--	--	--

Relationship with Principal Cardholder _____

Signature of the Supplementary Card Applicant

Card Applicant's Declaration

I acknowledge that I have read and understood all the terms and conditions printed overleaf and agree to abide by those unconditionally, in token whereof I have signed the application form, I do hereby declare that the information given in this form is correct and true to the best of my knowledge and belief.

Date: _____

Signature of the Card Applicant

For Branch Use

Reference No : _____

Proposed Credit Limit (For Credit Card Only): _____

Recommended for approval of: Debit Card Credit Card

Prepared by _____ Dealing Officer _____ In-Charge/Manager _____

Signature(s) _____ Signature No. _____ Signature No. _____

Date _____ Date _____ Date _____

For Card Division Use

Type of Card: Debit Credit

Application Number _____

Debit / Credit Card Number (18 Digit)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Supplementary Card No. (If any)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Issue Date ____/____/____

Expiry Date ____/____/____

Approved Credit Limit for Tk. _____

Taka (In words) _____

Authorized Signature _____ Authorized Signature _____

Signature No. _____ Signature No. _____

Date _____ Date _____