

Alternative Channel Customer Data Update Form

For Bank's Use Only

PLEASE USE CAPITAL LETTERS

Date:

Branch Code:
User ID:

Available services are: 1. Internet Banking 2. SMS Banking 3. SMS Alert 4. Internet Banking on Mobile Phone

Request for services (please write here)

Customer Name:

Contact Phone: Off. Ext. Res.

Mobile Date of Birth

E-mail:

1. Please Include Exclude the Following Account(s):

i) ii) iii)
iv) v) vi)

2. I wish to avail 'transfer to another EBL customer A/C service' (Please write Yes/No)

3. Amount for SMS ALERT Any amount BDTand Above

4. My existing A. Internet Banking ID B. SMS Banking ID
 C. SMS Alert User Phone number D. IB on Mobile Phone

- Please reset my password of Internet Banking/SMS Banking/Internet Banking on Mobile Phone
- Please reactivate my Internet Banking/ SMS Banking/SMS Alert/Internet Banking on Mobile Phone
- Please cancel/terminate my Internet Banking/SMS Banking/SMS Alert/Internet Banking on Mobile Phone
- Please temporarily block my Internet Banking/SMS Banking /Internet Banking on Mobile Phone User ID until further instruction

I/we confirm that I/we have read and understood the up-to-date version of the terms & conditions governing EBL Alternative Channel Services as of the date of signing this Update Form and agree to comply with the same. I/we also confirm that I/we have read and understood the bank's up-to-date schedule of fees and charges of the Alternative Channel Services as of the date of signing this Update Form and unconditionally accept the same.

I/we will be solely responsible for any instruction/transaction done through Alternative Channel in the account(s) mentioned above. I/we authorize EBL to debit my/our account for any charges if applicable to get the Alternative Channel Services.

| Customer Name | Customer ID | Signature with Date |
|---------------|-------------|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |

- Conditions: 1. In case of Joint account all signatories must sign the enrollment form.
2. For Internet Banking ID, only primary account holder will receive the user ID and Password.

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Date:

Customer Signature verified by (Full Signature)..... Employee ID:.....

Recommended by SSM/CSM (Full Signature)..... Employee ID:.....

For Operations Use Only

Date:

Input by (Signature) Employee ID:.....

Authorized by (Signature) Employee ID:.....