

ACCOUNT SERVICE FORM

Branch Manager Eastern Bank Limited	Branch	Date
Account No.	Account Title	
Please Arrange To: (Tick as appropriate)		
1 Issue a duplicate statement of account for	the period	to
2 Issue a Bank Certificate(s):		
Balance Confirmation Certificate (BDT/F		
Solvency Certificate Loan Ce Certificate for Source tax for the period_		
(CASA/FD/RD/Sanchyapatra/Bond/Rem		
3 Proof of Submission of Tax Return (PSR):	(if aplicable)	
e-TIN no	Assessment Y	'ear
Change of Address (Mailing/ Present/ P	'ermanent):	
	· · · · · · · · · · · · · · · · · · ·	
Contact No:	Purpose	
Email:		
Please update the above information for		our account
Other information update	,	
5 Unpaid clearing Cheque no		
6 Cancel Standing Instruction: Favoring		
7 Other request (Please Specify):		
Authorization to collect requested items by the		
I/ We hereby authorize Mr./ Ms	Mobile	to collect the
above mentioned requested item(s) whose signal Bank from any risk and responsibilities that may		· · · · · · · · · · · · · · · · · · ·
Signature of the Authorized Person:		Attested by the account holders
Customer's Signature Signa	ture of Joint Signatory	S.V. (full signature with ID)
Note:		, ,
* For update information in Credit Card, please use "Card cu ** For any information update, customer's physical pre		
	INTERNAL USE ON	IV
Deducation of Charges Tk	VAT Tk	
Branch Part:	Service Delivery part:	
Call back confirmation (if applicable)		nation (if applicable)
Customer's physical presence confirmed CDD Review status		
Dealing Officer BM/BOM/BS	SSM Dealing Officer	Checker