



## CUSTOMER INFORMATION CHANGE REQUEST FORM

Branch Manager,

Date 

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\_\_\_\_ Branch,  
IFIC Bank Limited.

### ACCOUNT INFORMATION

(Please specify your account information)

Account Name

Account Number

### CUSTOMER INFORMATION UPDATE

(Please fill only required fields; Strike off the section if not required)

Address Change

☐ Present  
Address

☐ Permanent  
Address

☐ Professional  
Address

☐ Mailing  
Address

New Address

NID/Smart ID

Passport

Date of Expiry

Driving License

Date of Expiry

Mobile Number

E-mail Address

Spouse Name

Others

☐ Transaction Profile Update

☐ Nominee Change/Update

☐ Other (please specify)

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 (1<sup>st</sup> A/c Holder)

Signature (2<sup>nd</sup> A/c Holder)

Signature (3<sup>rd</sup> A/c Holder)

### 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.

**Note: The form and supporting documents will be attached with the customer's Account Opening Form.**

Remarks:

Bank Official's Signature with EID

Authorized Bank Official's Signature with PA Number