

Customer Service Request Form
Card Type: Credit Card Debit Card Prepaid Card

Customer Information

Cardholder's Name																	
Card Number								X	X	X	X	X	X				
Account Number												Card Expiry Date: mm / yy					

Change Correspondence/Residential Address

Please change my following address (es) recorded with you: Both Residential & Correspondence Address Residential Address only Correspondence Address only. New Address: _____

Change Personal Details (Please Fill out Changed Items Only)

Name on card _____ Date of Birth _____
 Photo ID Type NID Passport Driving License Others _____ Photo ID No. _____
 Name of the Employer _____ Designation _____
 Nature of Business _____ Office Telephone _____
 Residential Telephone _____ Mobile No. _____
 E-mail Address _____

Service(s) Request for

Credit Card Limit Enhancement. Auto Debit instruction: **Minimum Due** **Full Due**
 SBL **CASA** Account Number _____ A/C Holder Signature _____
 Auto Debit instruction Cancellation Cancellation of the Transaction alert/ SMS alert.
 USD to BDT conversion (Amount) _____ BDT to USD Conversion (Amount) _____
 Cheque book issuance request (10 Leaves only). Printed Statement Cancellation E-statement Cancellation
 Enrolment E-statement (Write down your e-mail) _____
 Enroll for SMS/Transaction alert (Please mention your mobile number) _____
 Card/PIN activation Card/PIN reactivation (Reason) _____
 Others (Please Specify) _____

Reason for Card/PIN Replacement

Card Lost/ Stolen/Captured/ Hijacked Card Physically damaged/Expired Magnetic Stripe fault Wrong embossing name Wrong photo/Signature PIN Forgotten PIN Lost/Stolen Others (Please specify) _____
 Advance Renewal (Please mention your reason) _____

Reason(s) for Card Closing

Dissatisfied with service Fees & charges higher Poor credit limit Not much usage Leaving country

Documents Provided

3/6/12 months Bank Statement Valid TIN copy/ acknowledgement copy Latest salary certificate/ Pay slip/Letter of introduction Copy of up to date Trade License Copy of NID/Passport/Office ID/Driving License Others _____

 Primary Cardholder Signature

DD / MM / YYY

For Bank Use Only

Please put a tick where applicable:

- Submitted in person
- Signature Verified
- Security Details Checked
- Original copy seen

 Maker Signature

 Checker Signature