

Branch Manager
Eastern Bank Limited _____ Branch

Date _____

Subject: Application for Purchase of Sanchaypatra/ FCY Bond

I/We, the undersigned, below mentioned account holder(s) of your Bank do hereby delegate the authority to Eastern Bank Limited to debit my/our following Bank account maintained with you.

Account No.

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Account Title..... Routing No.:.....

Proof of Submission of Tax Return (if applicable): Mobile:.....

e-TIN no..... Assessment Year (Document Attached).....

Please arrange to debit Tk. [In Words:](.....

.....Only) and issue the following instrument (tick as appropriate):

- Sanchaypatra (BSP / Three Monthly Profit Based / Paribar / Pensioner) as per attached application.
- FCY Bond (WEDB / DIB / DPB) as per attached application.

Customer's Signature

Signature of Joint Signatory

S.V. (full signature with ID)

FOR BANK'S INTERNAL USE ONLY**Branch Recommendation :**

Signature & Seal of BM/BSSM/BOM

Issuing Record:

Registration No. :.....

Date:

.....
Maker

.....
Checker