

**Credit Card Services Form – 1** (Endorsement, Limit & Payment Rearrange, E-Commerce, Enhancement, Priority Pass)

 Date 

D	D	/	M	M	/	Y	Y	Y	Y
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Cardmember's Name:	Mobile Number:
Amex	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Visa	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Others:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<b>Authorize &amp; Agree</b>	<b>Cardmember's Signature and Date</b>
I have authorized the below instructions. I agree to the relevant Terms, Conditions and Clauses mentioned in this form. I also agree to pay the relevant fees & charges.	

<input type="checkbox"/> <b>A. Endorsement</b>			
<b>Product</b>	<b>Endorsement</b>	<b>Please specify Year(s) / If Till Expiry of Passport</b>	
<input type="checkbox"/> Amex	Amount: USD _____	Year(s): _____	<input type="checkbox"/> Till Expiry of Passport
<input type="checkbox"/> Other Amex: _____	Amount: USD _____	Year(s): _____	<input type="checkbox"/> Till Expiry of Passport
<input type="checkbox"/> Visa	Amount: USD _____	Year(s): _____	<input type="checkbox"/> Till Expiry of Passport
Passport No.: _____ Passport Expiry Date: _____			

Foreign Part Status	<input type="checkbox"/> Open <input type="checkbox"/> Block
<b>Declaration:</b> I assume full responsibility for complying with the provisions of the Foreign Exchange Regulation Act 1947, and rules, orders and directives issued there under. I declare that the foreign exchange released to me shall be used for expenses incurred by me in a foreign country. I understand this card can be used for Internet transactions in compliance with Bangladesh Bank regulations as effective and amended from time to time. I accept that The City Bank is entitled to accept or reject this application without assigning any reason.	

<input type="checkbox"/> <b>B. Limit Rearrange or Transfer / Payment Transfer</b>		
<input type="checkbox"/> Limit Rearrange	BDT _____ to USD part	USD _____ to BDT part
<input type="checkbox"/> Limit Transfer	BDT _____ of Amex / Visa / Others: <b>TO</b> BDT/USD part of Amex / Visa / Others:	USD _____ of Amex / Others: <b>TO</b> BDT/USD part of Amex / Visa / Others:
<input type="checkbox"/> Payment Transfer	BDT _____ of Amex / Visa / Others: <b>TO</b> BDT/USD part of Amex / Visa / Others:	USD _____ of Amex / Others: <b>TO</b> BDT/USD part of Amex / Visa / Others:

<input type="checkbox"/> <b>C. E-Commerce Enable Request</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transaction Purpose:	Website address / URL:
Transaction Amount: USD _____	No. of transaction attempt / attempts: _____
<b>Note:</b> 15% VAT will be applicable for any online payment made to international merchants located outside the geographical boundary of Bangladesh for services such as royalty, various other internet services, advertisement on Facebook, YouTube, Google etc. as directed by National Board of Revenue (NBR) & Bangladesh Bank. City Bank won't take the responsibility of any fraud or illegal transactions through internet.	

<input type="checkbox"/> <b>D. Priority Pass Issuance / Re-Issuance</b>	
<input type="checkbox"/> New Issue	<input type="checkbox"/> Primary Amex Platinum Card Member <input type="checkbox"/> Primary Amex Gold Card Member <input type="checkbox"/> Supplementary Amex Platinum Card Member (Please Specify):
Reissue and Reason	<input type="checkbox"/> Lost <input type="checkbox"/> Damage <input type="checkbox"/> Captured <input type="checkbox"/> Other (Please Specify):
<b>Declaration:</b> I have made the required TQ limit of USD 200 available for both SAARC & Non-SAARC separately by endorsement.	

<input type="checkbox"/> <b>E. Limit Enhancement / Decrease</b>	
<input type="checkbox"/> Auto Limit Enhancement	Yes
<input type="checkbox"/> Limit Enhancement	From _____ To _____
<input type="checkbox"/> Limit Decrease	
<b>Enclosure:</b>	<b>Note:</b> <b>CIB Fee:</b> BDT 150 + 15% VAT <b>Auto Limit Enhancement Processing Fee:</b> BDT 300 + 15% VAT (Fees applicable for only approved enhancement request)
	<b>Mandatory Documents for All</b>
	<input type="checkbox"/> Copy of National ID / MRP Passport / Driving License / Birth Certificate <input type="checkbox"/> E-TIN <input type="checkbox"/> CIB & Undertaking
	<b>For Salaried Person</b>
	<input type="checkbox"/> Salary certificate/ Last 3 months Pay-slip <input type="checkbox"/> Last 6 month salary reflecting authorized copy bank statement
	<b>For Business Person (Sole Proprietorship)</b>
<input type="checkbox"/> Latest Trade license copy <input type="checkbox"/> Last 1 year business reflecting authorized copy bank statement	
<b>For Business Person (Private Ltd. Company/Partnership Business)</b>	
<input type="checkbox"/> Form X & XII of Memorandum of Association (MOA) <input type="checkbox"/> Partnership deed	
<input type="checkbox"/> Last 1 year business reflecting authorized copy bank statement	
<b>For Secured Card:</b> <input type="checkbox"/> New Security / <input type="checkbox"/> Security Replacement / <input type="checkbox"/> Same Matured Security	
<input type="checkbox"/> Security Advice Slip <input type="checkbox"/> Bank Charge Document <input type="checkbox"/> Adhesive Stamp	
<input type="checkbox"/> Last 6 months Bank Statement (only for card against DPS)	

<b>For Bank Use Only</b>	
Client ID:	Received and Verified by Staff: (Sign, Seal and Date)

**CIB ONLINE INQUIRY FORM-1**

Individual's (Borrower/Co-borrower/Guarantor/Owner) Information

Name of the Bank/FI: **The City Bank Limited**

FI Code: 0044

Branch Code: .....

\* Type of Financing: .....

\* Total Requested Amount/ Credit Limit:

**Instalment Contract data:**

Number of Instalment:

Instalment Amount:

Periodicity of Payment (*please tick*): **Monthly**/**Quarterly**/**Half Yearly****Role in the Institution:** Chairman/ MD/ Sponsor Director/ Elected Director/ Nominated Director (by Gov)

Nominated Director (by pvt. Inst)/ Shareholder/ Partner/ Owner of Proprietorship/ Others

(If the individual is an owner/director/partner of any company then select a role)

**Individual Subject data:**

Title: .....

\*Name: .....

Father's Title: .....

\*Father's Name: .....

Mother's Title: .....

\*Mother's name: .....

Spouse's Title: .....

Spouse's Name: .....

**NID Number:**

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**ETIN:**

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\*Date of Birth:

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\*Gender (*Pls tick*): Male/ Female

\*District of Birth: .....

\*Country of Birth: .....

**\*Permanent Address:**

\*District: ..... \*Street Name and Number: .....

Postal code: ..... \*Country: .....

**Other ID:**

ID Type: Passport / Driving License / Birth Registration

ID Number: ..... ID Issue Date: / / ID Issue country: .....

\*Sector Type (*Pls tick*): Public/ Private

\*Sector Code:

Telephone Number:

Date: / /

Signature of the Customer

Seal and Signature of Authorize officer

Seal and Signature of the Manager

\*\* indicates Mandatory field

## UNDERTAKING

Attachment - Ka

To  
The Manager

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.....  
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**Subject:** Provision of information on the ownership of companies and their bank liabilities.

Dear Sir,

I, ..... owner/partner/director/guarantor of ....., am applying for sanctioning/renewal/rescheduling of a loan in my own name/aforementioned company's name. My father's name: ....., mother's name: ....., husband's name (in case of married woman): ....., Permanent address: Street No/Village ..... Street name/PS/Upazila ..... District ..... postal code ..... country ....., Business/Office address: Street No/Village ..... Street name/PS/Upazila ..... District..... postal code ..... country ....., Date of birth: ....., District of birth: ....., Country of birth: ....., National ID Number: ....., Other ID documents (Passport/Driving license/Birth Registration Certificate) ID Number: ....., ID issue date: ....., ID issue country: ....., TIN: ....., Gender: Male/Female, Telephone Number: ..... are given for your kind consideration. The list table:

Serial no.	Name of the Company	Main Address	Additional Address	Whether the company is availing any loan or not		
				Yes		No
				Name of the bank/FI	Name of the branch	
1.						
2						
3.						
4.						

Apart from the stated above, if any liability in my own name or my company's name is found, I will be bound to obey any decision made by the authority concerned relating to sanctioning/renewal/rescheduling of the loan applied for and I will be punishable by law for providing this false or fabricated information.

Seal and signature of the bank official who certified the borrower	Customer's Signature: Name: Name of the Borrowing Organization:
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\*If necessary, extra paper could be used for list of companies.

## **Requirements for Auto Limit Enhancement**

### **Required Documents:**

1. Credit Limit Enhancement request form.
2. CIB form.
3. Undertaking form.
4. NID & E-TIN copy.