

AUTHORIZATION for REFERENCE VERIFICATION

I hereby authorize The City Bank Limited and its representative to verify my below 2 references and to conduct enquiries as may be necessary, this enquiry to disclose it to The City Bank Limited or its representative. I release all persons from liability on account of such disclosure.

Guideline:

- **For Experienced Employee:** Referees should not be within relatives and non-professional.
 - ✓ One reference must be from last organization.
 - ✓ Other from any professional or educational background.
- **For Fresh Employee:**
 - ✓ One reference must be from last completed educational institution
 - ✓ Other from any non-relative professional background.

(Please fill up in "ENGLISH CAPITAL" letters)

Reference 1	
Name	FATIMA JAHAN SEEMA
Position/Designation	LEAD - PROGRAM ANALYTICS
Division/Department	PROGRAM PLANNING, IMPACT & QUALITY UNIT
Organization Name	CARE Bangladesh
Address	CARE BANGLADESH / LEVEL 7, RAOVA COMPLEX, MOHAKHALI, DHAKA
Phone Number	+8801712-153470
E-mail Address	FATIMAJAHAN.SEEMA@CARE.ORG

Reference 2	
Name	ROXANA KHANOM
Position/Designation	MANAGER - BASIC EDUCATION
Division/Department	SHISHUDER JONNO PROGRAM
Organization Name	SAVE THE CHILDREN in BANGLADESH
Address	HOUSE NO. CWN (A) 35, ROAD NO. 43 GULSHAN – 2, DHAKA -1212
Phone Number	01742415620
E-mail Address	ROXANA.KHANOM@SAVETHECHILDREN.ORG

Declaration: I certify that the information stated above by me are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for the rejection of the employment offer or separation from employment.

Signature with date
Name
ID