Eastern Bank Ltd.

EBL Cards Center: 31 North C/A, Road 53, Gulshan Circle 2, Dhaka Tel : 044 7670 1031-4, 018 1927 8811/22

Email: cardsteam@ebl-bd.com



VISA	Debit Card Application Form											
1 copy of recent color passport size photograph. Write your name overleaf			Ad	ccount Numb	er:							
			ccount Numb	er:								
			Customer	ID:								
			Da	ite: d d	l m m	у у	уу					
(Please don't staple) Please write the branch name you would like to collect the card from:												
Name: First		First	Middle				Last					
Please write the details in Block Letters. Name (as you want to see in your Card):												
		(Please le	ave a blank space	between two p	arts of you	r name)						
Date of Birth: d d m m y y y y Male Female National ID:												
Marital Status: Unmarried Others												
Spouse Name:												
Father's Name:												
Mother's Name:												
Mailing Address:												
Postal Code:												
Permanent Address: (if different from mailing address)												
Contact:					Postal	Code:						
				E-mail:								
				Applicant	Signature-1			Anni	icant Si	anatura	a-2	
Branch U	_			Applicant	oignature-			Appi	icant of	griature	,- <u>L</u>	
Genera		Staff Corporate	Name of the Org	ganization								
EBL Shonchoy EBL Paribar EBL Global												
Checked b	ру	_	Recommended by									
Date: For Cards Center Use Only												
				enter Use (Unly						-	
Client ID:			SI No:				Date: d	d m	m y	У	у у	
NFREC:			Card No.:									
Input	by	Check	Ä	Activated by (Flexcube)					Authorized by			
Date	e:	Da	ite:	Date:						Date:		