

Service Request Form

[Please fill up in BLOCK letters]

CIF:

Date:

The Manager
IDLC Finance PLC

Branch

Account Name

Financing/ Mudarabah Deposit
Account Number

General Service Request

<i>Please put tick mark (✓) in relevant box and fill all required information</i>													
<input type="checkbox"/> Tax Certificate	From To												
<input type="checkbox"/> Balance Certificate	As on :												
<input type="checkbox"/> Statement	From To												
<input type="checkbox"/> Financing Repayment Certificate	From To												
<input type="checkbox"/> Overdue Statement													
<input type="checkbox"/> Collection of dishonored cheque													
<input type="checkbox"/> Deposit Renew	<input type="checkbox"/> Renew with profit <input type="checkbox"/> Renew without profit <input type="checkbox"/> Renew as per below instruction												
<input type="checkbox"/> Deposit Encashment	<input type="checkbox"/> On maturity <input type="checkbox"/> Premature <input type="checkbox"/> Encashment of deceased account												
<input type="checkbox"/> Re-issue of Cheque	<input type="checkbox"/> Re-Issue <input type="checkbox"/> Re-validation of Date												
<input type="checkbox"/> Deposit Advice	<input type="checkbox"/> Issue <input type="checkbox"/> Re-Issue												
<input type="checkbox"/> Deposit Lien	<input type="checkbox"/> Lien Mark <input type="checkbox"/> Lien Withdrawal												
<input type="checkbox"/> BEFTN Update	Bank Information: <table border="1"> <tr> <td>Bank Name</td> <td><input type="text"/></td> </tr> <tr> <td>Bank Account Name</td> <td><input type="text"/></td> </tr> <tr> <td>Bank Account Number</td> <td><input type="text"/></td> </tr> <tr> <td>Branch Name</td> <td><input type="text"/></td> </tr> <tr> <td>Routing Number</td> <td><input type="text"/></td> </tr> <tr> <td>Mobile Number</td> <td><input type="text"/></td> </tr> </table>	Bank Name	<input type="text"/>	Bank Account Name	<input type="text"/>	Bank Account Number	<input type="text"/>	Branch Name	<input type="text"/>	Routing Number	<input type="text"/>	Mobile Number	<input type="text"/>
Bank Name	<input type="text"/>												
Bank Account Name	<input type="text"/>												
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Routing Number	<input type="text"/>												
Mobile Number	<input type="text"/>												

<input type="checkbox"/> Payment Instruction (in favor of**)	<input type="checkbox"/> EFT <input type="checkbox"/> RTGS												
	Bank Account Information: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Bank Name</td><td style="width: 50%;"></td></tr> <tr><td>Bank Account Name</td><td></td></tr> <tr><td>Bank Account Number</td><td></td></tr> <tr><td>Branch Name</td><td></td></tr> <tr><td>Routing Number</td><td></td></tr> <tr><td>Mobile Number</td><td></td></tr> </table>	Bank Name		Bank Account Name		Bank Account Number		Branch Name		Routing Number		Mobile Number	
	Bank Name												
	Bank Account Name												
Bank Account Number													
Branch Name													
Routing Number													
Mobile Number													
<input type="checkbox"/> **Cheque in favor of <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>													
<i>**Third party KYC must be enclosed for other than depositor(s).</i>													
<input type="checkbox"/> Mode of Document Collection/ Cheque Collection	<div style="border: 1px solid black; padding: 5px;"> <input type="radio"/> To be collected by Own/Co-Applicant <input type="radio"/> To be mailed by courier's service to customer's registered address (in applicable cases) <input type="radio"/> To be collected by authorized Person </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Signature of Authorized Person <hr/> Name: Signature: Mobile No. </div> <div style="margin-top: 5px;"> <input type="radio"/> Others </div>												
<input type="checkbox"/> Copy of Documents													
<input type="checkbox"/> Takaful Claim (Vehicle Financing)													
<input type="checkbox"/> Name transfer issue/reissue (Vehicle Financing)													
<input type="checkbox"/> Others													

Update Information: Please update my/our following information for

<i>Please put tick mark (✓) in relevant box and fill with accurate information</i>	Previous Information	New Information
Address		
	<input type="checkbox"/> Present/ Mailing Address	<input type="checkbox"/> Permanent Address
<input type="checkbox"/> Mobile		
<input type="checkbox"/> Email		
<input type="checkbox"/> Profession		
<input type="checkbox"/> E-TIN Submission		

Note: The above information shall apply for all your accounts, if any, maintained with IDLC.

[Supporting documents to be submitted by applicant/co-applicant (as required)]

Signature of Applicant

Signature of Co-Applicant/Joint Applicant
(When applicable)