

Customer Information Form

(Please fill up in **BLOCK** letters)

Date ____ / ____ / ____

Passport Sized
Photograph

For Office Use Only

Customer ID:

Customer Category:

1. Role in the Account

- Applicant 1 Applicant 2 Applicant 3 Applicant 4 Nominee Guardian
 Proprietor Partner Director Shareholder Trustee Attorney Holder
 Signatory Beneficiary Authorized Person Others:

2. Name

	English:
	বাংলা:

3. Father's Name

	English:
	বাংলা:

4. Mother's Name

	English:
	বাংলা:

5. Spouse's Name

	English:
	বাংলা:

6. Nationality

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7. Date & Place of Birth

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8. Gender

- Male Female

9. National ID No.

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10. Passport No.

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11. Birth Registration No.

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12. Driving License No.

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13. e-TIN No. (if any)

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14. Present Address

15. Permanent Address

16. Office/Business Address

17. Mailing Address

18. Contact

Home	Office	Mobile
e-mail		Fax

19. Credit Card Information

Issuing Institution & Card No. (if availed)

1	
2	

20. Residency Status Resident Non-Resident

(if needed, the guideline for foreign exchange transitions to be followed for the collection of information)

21. Marital Status Single Married Others

22. Religion Islam Hindu Buddhist Christian Others

23. Occupation

Private Service Business Govt. Service Housewife Student Others.....

Name of Employer/Company Type of Business

Designation Department Avg. Monthly Income

Address Phone Mobile

 Fax e-mail

24. Existing Deposit Account with SFIL.

Do you or any of your immediate family member have any deposit with SFIL? Yes / No (if Yes, please mention details below)

1	Account No.	<input style="width: 100%;" type="text"/>	Amount	<input style="width: 100%;" type="text"/>	Opening Date	<input style="width: 100%;" type="text"/>
2.	Account No.	<input style="width: 100%;" type="text"/>	Amount	<input style="width: 100%;" type="text"/>	Opening Date	<input style="width: 100%;" type="text"/>
3.	Account No.	<input style="width: 100%;" type="text"/>	Amount	<input style="width: 100%;" type="text"/>	Opening Date	<input style="width: 100%;" type="text"/>

Signature

Date: