شاه جلال اسلامي بنك ليميتيد

Shahjalal Islami Bank LIMITED

শাহজালাল ইসলামী ব্যাংক

Card Division, Head Office

Shahjalal Islami Bank Tower, (4th Floor) Plot#4, Block-CWN(C), Gulshan Avenue, Dhaka - 1212

24/7 Call Center: 16302 or 09612316302 **email:** card@sjiblbd.com, **web:** www.sjiblbd.com

Branch Name

International Prepaid Card Deposit form

Branch Reference No:		
Full Name (Capital Letter)	:	
Card Number	:	X X X X X X
Endorsement *(if applicable)*	:	SAARC / NON SAARC / Date: dd mm yyyy
Passport Number	:	
Passport Issue Date	:	
Passport Expiry Date	:	
Card Type	:	☐ ERQ ☐ RFCD ☐ TQ ☐ Hajj Card
Branch Account Number **(ERQ/RFCD/CASA)**	:	
Ads Code	:	AD Branch Name:
Deposit Amount	:	USD: BDT: USD Rate:
IBCA Number	:	
Others *(please specify)*	:	

I do hereby confirm that bank's has the right to settle my transaction as per present settlement rate.

Enclosure: [Please put Tick Mark ✓]

☐ Photocopy of Passport

☐ IBCA copy

Signature of the Applicant

BRANCH USE ONLY

Originating Officer: Name: Design.: Cell no:	**Authorized by Operation Manager** **PA/IPA No:**	**Approved by Manager** **PA No:**

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CARD DIVISION USE ONLY

Receiver Signature	Processed by	Checked by	Authorized by