شاه جلال اسلامي بنك ليميتيد

Shahjalal Islami Bank LIMITED

শাহ্‌জালাল ইসলামী ব্যাংক লিমিটেড

# SMS/Push Pull Service Application Form

* Select (✓) one: Add ☐ Modify ☐ Delete ☐

* Name of the Applicant :

* Name of the Applicant (For Joint Account):

* Date of birth (DD/MM/YYYY) :

* Present Address:

* Mobile Number:

Email (Optional):

SMS Banking on these accounts:

| SL | Branch Code | Account Number |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

( Linked Account )

* Indicates Mandatory fields. Incomplete or wrong information may cause rejection of the application.

Indemnity and undertaking:

I hereby apply for the Shahjalal Islami Bank Limited SMS/Push Pull Services, as may be available to me by the bank form time to time. I also agree that my use of the SMS/Push Pull Services shall be governed by the Bank's latest terms and conditions, made available on the other side of the form and I declare that I have read and fully understood the said terms and conditions and accept the same. I also acknowledge that any charges arising from this service can be deducted from my linked account.

Signature of the account holder
Date:

Signature of the account holder
Date:

(Bank Use only)

Verified by

Approved by

Implemented by

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