Shahjalal Islami Bank PLC.
Committed to Cordial Service

শাহ্‌জালাল ইসলামী ব্যাংক পিএলসি.
আন্তরিক সেবায় প্রতিশ্রুতিবদ্ধ

Card Division, Head Office, 24/7 Call Center: 16302, email: card@sjiblbd.com, web: www.sjiblbd.com

V 1.5

Credit Card Service Request Form

Card Holder's Name		Client ID	
Card Number	4 [redacted]	Mobile Number	
Account Number		0 1	

Card Replacement	☐ Damage	☐ Lost	☐ Expired	☐ Product Change (Please Tick ✓) Classic/Gold/Platinum	☐ Captured to other bank	☐ PIN Reissue	
Card Cancelation	☐ Dissatisfied with Limit / Charges		☐ Dissatisfied with Service		☐ Other reason		
Change Card Status	☐ Re-Activation	☐ Temporary Block (reason .....)					

☐ Limit conversion from **BDT** to **USD**. Converted Amount (USD) : **$** ..... ☐ Enable foreign Txn ☐ Enable NFC Txn ☐ NFC limit: .....

☐ Limit conversion from **USD** to **BDT**. Converted : Full / Available / **$** ..... ☐ Block foreign Txn ☐ Disable NFC Txn ☐ NFC Counter .....

☐ Allow e-Commerce Txn BDT / USD. Txn Amount (BDT /USD): ..... No of Trx: ..... ☐ Allow MOTO (mail order/telephone order) Txn (if any incident of scam, the liabilities will be born by card holder)

☐ Stop e-Commerce Txn. Please Tick ✓ BDT / USD. ☐ Stop MOTO (mail order/telephone order) Txn

☐ Withdraw of Lien (Mention your Lien A/C) **:** ..... ☐ Waiver Annual Fees based on Transaction

☐ Duplicate statement of Credit Card **:** from date ..... to date ..... ☐ Reward Point Redemption : .....

☐ Auto debit Enrollment **:** Please Tick ✓(Minimum / Full). SJIBPLC A/C .....

☐ Insurance Premium Enrollment. Beneficiary Name **:** ..... ☐ Insurance Premium Stop

☐ Dispute Transaction **:** Txn Date and Time : ..... Txn amount: ..... ATM/POS Name: .....

☐ **Limit Enhancement** Expected Limit (BDT): .....

Please attached document(s), **1.** Salaray Certificate/Trade License **2.** Bank Statement of last 6 months **3.** Updated Tax return Certificate

☐ Issue Priority Pass ☐ No Objection Certificate ☐ No Dues Certificate ☐ Endorsement Certificate

Fund Transfer Request

I do hereby declare that i will use this fund for purchasing Shariah permissible product and I will pay my dues stipulate time. **Date:** D D M M Y Y Y Y

Beneficiary Account Name: .....

Beneficiary SJIBPLC Account No:

Request Amount (BDT): ..... Amount in word: .....

Outstanding/Fund Transfer EMI Plan

I would like to convert the transaction into EMI with profit @ **12.99** p.a under SJIBPLC "Outstanding/Fund Transfer EMI" Plan complying all the terms & condotion herein.

Transaction Type: ☐ Outstanding ☐ Fund Transfer **Transaction Date:** Applied in Months: **3** **6** **9** **12** **24**

Request Amount (BDT): ..... Amount in word: .....

Any Purchase EMI Plan ☐ Retail Purchase Only

I would like to convert the transaction into EMI under SJIBPLC "**Any Purchase EMI**" Plan complying all the terms & condotion herein.

Transaction Amount (BDT): ..... Date:

Amount in word: .....

Applied in Months: Please Tick ✓	3	6	9	12	18	24
Service charge is applicable:	2.25%	4.5%	6.75%	9%	13.5%	18%

Update/Change Information/Address ☐ Home ☐ Office ☐ Both ☐ Mobile ☐ Email ☐ DOB ☐ Name on Card

Old Address: .....

.....

New Mobile Number: 0 1

Date of Birth:(NID/Passport must be attached) D D M M Y Y Y Y

New Address: .....

.....

New Email Address:

Name on Card :

☐ Change Signature

Old Signature:

New Signature:

I do hereby confirm that the above declare information is correct and do the needful as per my request and oblige there by.

Client Signature

Card Division Use Only

Service Executed in CMS by	Service Executed in CBS by	Checked by	Authorized by