



## EBL Prepaid Card KYC (Know Your Customer) Form

Date:

Customer Name:

Father's Name:

Mother's Name:

Spouse's Name (if applicable):

Product Type:  Lifestyle Card  ACCA Card  Travel Card  Others \_\_\_\_\_

Purpose of card usage:

Permanent Address:

Mailing Address:

Mobile/Phone: 1.  2.

E-mail: Primary  Secondary

Passport/NID/Other Photo ID/Driving License No.

TIN (If any):  Date of Birth:

Photocopy of above mentioned ID obtained: Yes

Profession:

Name of Present Organization/ Institution:

Address of Organization:

Academic Qualification:

Grade/Batch & Yearly Tuition Fee (if Student):

How the account was opened?  Branch  Direct Sales Agent

Expected Monthly Number of Transactions:  0-10  10-50  >50

Name of Account Opening Officer & Employee ID

Approximately Monthly Expense: Taka

Source of Fund:  Own Income  Guardians/ Parents  Scholarship

Others (please specify) \_\_\_\_\_

Guardian/ Parent's Occupation:

Organization Name and Address:

Does the customer have any Credit Card with EBL? Yes  No

Does the customer have any other account with EBL? Yes  No

If yes, please mention the A/C No. \_\_\_\_\_

\_\_\_\_\_  
Signature and Seal of CSM/RM/DST

\_\_\_\_\_  
Signature and Seal of BM/SSM/SM