

Date:

Head of Card Division
Modhumoti Bank Limited
Head Office, Dhaka.

CIB UNDERTAKING

Sub: Provision of information on the ownership of companies & their Bank liabilities.

Dear Sir,

I am applying for sanctioning/ renewal/ rescheduling of a loan in my own name / aforementioned company's name. My personal details are appended below :

Name :

Owner/Partner/Director/Guarantor of :

Land Phone Number/ Mobile Number :

Gender : Male Female Date of Birth

District of Birth : Country of Birth :

National ID Number :

Passport/Driving/Commissioner ID No :

Issuing date : Issuing Country:

e-TIN Number :

Father's Name:..... Mother Name :

Spouse's Name (if applicable) :

Permanent Address :

Present Address :

List of companies under the ownership of mine along with their bank liabilities status are given below:

Sl.	Name of Company	Present address	Permanent Address	Whether the company is availing any loan or not	
				Yes	No
				Name of Bank/FI	Name of Branch

Apart from the stated above, if any liability in my name/my company's name is found, I will be bound to obey any decision made by the authority concerned relating to sanctioning/renewal/rescheduling of the loan applied for and I will be responsible by law for providing this false or fabricated informations.

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Bank Officer's Signature

Name:

Date:

Seal:

.....
Customer's Signature

Name:

Date :

Name of the Borrowing Organization:.....

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UNDERTAKING for International Credit Card

Date:

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The Head of Card Division
Modhumoti Bank Limited
Head Office, Dhaka.

Sub: Personal Undertaking for International Credit Card under Travel Quota.

Dear Sir,

In consideration of your agreeing to issue an International Credit Card, I, do hereby affirm & undertake as follows:

1. The Credit Card issued in my Name & favor shall be utilized strictly in accordance with relevant exchange control regulations in force from time to time & shall be responsible for its misuse (if any)
2. I shall be liable to pay any sum billed to my Card Account against the Card issued in my favor without your need to prove or to show grounds or reasons for your demand for the sum specified therein.
3. I shall be liable to pay the principal interest charges, commission etc thereon without any questions whatsoever upon your first written demand.
4. In the event of failure to comply with any of the rules & regulations relating to the issuance of the said Card or in liquidating the outstanding against the said Card, I shall be liable for action under Foreign currency rules & regulations imposed by Bangladesh Bank and be debarred from Modhumoti Bank Limited Credit Card facility either at your instance or by Bangladesh Bank.
5. The undersigned is also very much aware that Travel Quota entitlement of Bangladeshi nationals is set at USD per calendar year for visits to countries other than SAARC and Myanmar. Whereas Quota for SAARC member countries and Myanmar is USD for travel by air.
6. I hereby irrevocably undertake that I shall never avail more than my Travel Quota entitlement during one calendar year as per exchange control regulation of Bangladesh Bank and I also undertake to keep Modhumoti Bank Limited indemnified & harmless from any violation/deviation of the existing rules.
7. This undertaking shall be binding on me as well as on my heirs, successors and assigns.

The details of my particulars are:

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Signature of the Applicant
Name of the Applicant :

Current Address :

Phone/ Mobile :

Bank Statement Verification

Date:

d	d	m	m	y	y	y	y
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The Head of Branch

.....Bank Limited

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Sub: Authorization for verify my Bank Account Statement.

Dear Sir,

Reference to the above; please be informed that I am an accountholder of your Bank. I have applied for a **Credit Card in Modhumoti Bank Limited** and submitted account statement maintained with you. For that reason, they are in need to verify the genuineness of the statement from your end.

Hence, I may request your good office to please verify the below mentioned account statement as attached and requested by Modhumoti Bank Ltd.

The detail of my account is:

Account Name	:		
Account Number	:		
Date of Birth	:		
NID Number	:		
Father's Name	:		
Mother's Name	:		
			Specimen Signature

It may be mentioned that, you are authorized to deduct any charges (if applicable) from my account for providing the above service.

Your kind co-operation in this regard will be highly appreciated.

Thanking you

.....
(Signature)

Name:

Phone:.....